Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE IX.

ON DISTORTIONS OF THE TRUNK AND NECK.

Torticollis, or *wry-neck*, occurs both as a congenital and as a non-congenital affection. It is not common as a congenital affection; but it is met with not unfrequently in children from two to twelve years of age; and, indeed, it may be seen at any period until middle life.

Wry-neck is occasioned by shortening of the cervical muscles, especially the sterno-mastoid muscle, through which the head is drawn to one side, the ear being approximated to the shoulder, and the chin projected in the opposite direction. Not only is the sterno-mastoid muscle contracted, but the trapezius and the scaleni become in a similar manner subsequently affected; and thus the shoulder is raised towards the head, while the head is drawn down towards the shoulder. In this manner a cervical curve is produced, which presents its concavity towards the retracted muscles, and which is followed by a dorsal curve,—as was explained in the last lecture, where wry-neck was spoken of as a cause of spinal curvature.

One or both insertions of the sterno-mastoid muscle may be retracted; and this is especially the case in congenital wry-neck, as I have more than once lately had occasion to show you. On the other hand, the whole muscle is generally retracted when the deformity occurs as a non-congenital affection.

Wry-neck produces singular changes in the features. The angle of the mouth is depressed, and the cleft of the eyelids is drawn on to a lower level than on the opposite side; the eyebrow, too, is drawn down, and the side of the face appears to be smaller and less developed than on the opposite side—it is motionless and without expression, while the features on the other side of the face appear to be unnaturally expanded.

When wry-neck is allowed to proceed unchecked, and without any attempt being made to prevent further retraction, deformity results both of the neck and of the spinal column, which may attain to serious proportions.

Treatment.—It is with wry-neck as with some other cases of deformity, that, when discovered and treated at an early period, mechanical means may be sufficient to overcome such distortion as is occasioned by slight muscular retraction. It is, however, rare that extension can be so effectively and continuously employed as to overcome and remove even slight deformity which depends on muscular retraction. And, rather than lose much time in futile attempts at extension, it is preferable to proceed to the subcutaneous section of the tendons of the retracted muscles.

As in the case of F. S——, in Princess's ward, from whom Fig. 28 was taken, it is sometimes alone necessary to divide the clavicular insertion; while again, as in another instance in the same ward, the sternal attachment of the muscle alone requires division. For the most part, however, both the sternal and the clavicular insertions of the muscle should be divided.

When it is required to divide both the sternal and the clavicular portions of the muscle, separate punctures should be made, so that the blade of the knife may be kept closely in contact with each portion of tendon. The punctures may be made most conveniently about one inch above the clavicle, and the knife being carried well behind each portion of the tendon in succession, the tendon will be divided on turning the edge of the knife towards it, and using it with a cutting motion, at the same time that the head is so held as to make the muscle tense. It is seldom necessary to divide other structures than the two portions of the muscle now indicated, except it be, perhaps, a band or two of fascia; for other contracted structures will probably yield to mechanical extension after the greater obstruction caused by the retracted sterno-mastoid muscle has thus been removed.

After the operation, the head is to be supported in such a manner that the chin inclines towards the breast; so that the little wounds may readily heal, and reunion of the divided tendon may take place. Then, on the fourth or fifth day, extension, with a suitable instrument, may commence, and be carried on gradually, until the head is raised into its normal position; and, indeed, extension should proceed so far that power may be obtained to move the chin equally to one side or the other.

So soon as the position of the head is restored, care must be taken to remove the spinal curves. The child to whom allusion has already been made, and who is represented in Fig. 28, is only fourteen months old; but although so

FIG. 28.

young, there is already a dorsal curve of so severe a character that it will take much longer time to remove this spinal curve than it took to remove the primary affection—wry-neck,—for which she was admitted into the hospital.

CLINICAL NOTES.

IV.

WASTING OF THE MUCOUS MEMBRANE; ATROPHY OF INTESTINAL VILLI; CHRONIC DIARRHŒA.

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THE villi of the intestinal mucous membrane are the rootlets by which absorption takes place into the living organism. They constitute a most important link between the external and the internal structures. The nutrient material may be properly prepared by the action of the stomach, and by the chemical reactions of the glandular secretions, which aid in the process; but unless the fluid be absorbed into the system, it is perfectly inadequate to fulfil the fuller purposes of growth and repair. It is true that some absorption may take place by means of the capillaries of the intestine and of the stomach, but this absorption will not suffice to sustain the body. Thus, in organic obstruction at the outlet from the stomach—the pylorus,—wasting takes place, although the nutrient chyme is ex-

posed to the absorbent surfaces of the capillaries and veins. Where no such obstruction exists, and the chymous fluid is still further prepared for absorption by the action of the pancreatic and biliary secretions, unless the villi absorb the fluid into the system, that fluid is comparatively valueless. But, even after the villi have fulfilled their office, disease of the lacteal glands in the mesentery, or pressure upon the thoracic duct, may hinder the entrance of the chyme into the system, and produce progressive emaciation. These latter instances of disease constitute as distinct a class as the former, and they are alike foreign to the subject under consideration.

The villi of the intestine are complex organisations. They consist of a lacteal vessel, with minute capillaries connected with the venous and arterial systems; these structures are surrounded by basement membrane, covered with columnar epithelium. The function of the villi is a process of growth by which the chyme becomes absorbed into the interior of the lacteal prior to its further elaboration into chyme, and its more complete preparation for the supply of the wants of the system through the blood. Non-action of the villi is necessarily followed by wasting of the body generally, for there is no other adequate means by which nourishment can enter the system.

Some months ago I was asked to see, in consultation, a lady who had resided for several years in India, but who had several times been compelled to return to England from attacks of severe diarrhœa. These attacks were spread over a period of about ten years, and her strength was still further exhausted by child-bearing. Two months after her last return from India her confinement was followed by another attack of diarrhœa, and at the time of my visit this symptom had persisted for nearly two months. She was then in a state of extreme prostration; countenance sallow, almost the bronzing of Addison's disease; the conjunctiva was white and pearly, and there was no pigmental deposit about the gums or lips; the skin was cool; the tongue pale; the pulse scarcely to be felt, and extremely compressible; the heart's action very feeble; there was no cough nor evidence of phthisical disease; the abdomen was moderately distended, with occasional pain, but this was never very severe; the liver could not be felt; the urine had no unhealthy reaction; the evacuations from the bowels were loose and bilious, but did not contain any blood, nor was there any evidence to show that blood had ever been passed. There was loss of appetite, and the stomach was very irritable. Her principal symptoms were great exhaustion, irritability of stomach, and diarrhœa. The diagnosis had varied with every successive change of the physician. By one, the symptoms were referred to dysentery from her residence in India; by a second, to disease of the liver; by a third, to disease of the colon, with or without ulceration. Mercurials and astringents had been given, but without any beneficial effect. The patient rallied, however, under the use of tonics and sustaining diet, and gained strength considerably. Three months later, diarrhœa with vomiting came on again very severely, and she slowly sank. I saw her then only in a dying state.

An inspection was made by my colleague, Dr. Moxon The lungs were small and collapsed, but quite free from disease; the heart was wasted; the abdomen was collapsed; the intestines shrunk and nearly empty; the peritoneum was free from disease, being quite smooth and healthy; the liver was small, and the gall-bladder distended; the mesenteric glands, the spleen, the supra-renal capsules, and the kidneys, so also the ovaries and uterus, were healthy. The whole length of the alimentary tract was examined, but neither ulcer nor cicatrix could be found. The walls of the intestine were extremely thin, and were semi-transparent. Both the muscular and mucous coats were greatly wasted; this was especially manifest with the villi, which were extremely small. Microscopical examination, however, failed to detect anything beyond simple atrophy of these structures. Peyer's glands were normal.

The inspection at once set aside the idea of disease of the liver, of old dysentery, or ulceration of the colon; and showed the case to be one of *atrophy of the mucous membrane* and of the *intestinal villi*. Wasting of the mucous coat of the ileum and jejunum is observed in cases of phthisis; but this patient had none of the symptoms of that disease, either in the presence of tubercle in the lungs or in the mesenteric glands. In phthisis, during the progressive atrophy of the disease, there is both loss of appetite and diarrhœa, and in many instances there is pain; but the wasting is accompanied with ulceration of the intestine. As one of the sequelæ of dysentery, atrophy has been often observed; but cicatrices give the proof of former ulceration. Again, in lardaceous disease of the mucous membrane of the stomach and intestine, there is also loss of appetite and diarrhœa; but the mucous membrane appears thickened, it is discoloured when iodine is applied, and under the microscope the disease in the minute capillaries is readily detected.

The cases to which the one mentioned bears the closest resemblance are those in which diarrhœa and wasting occur in strumous subjects after muco-enteritis, or after exanthems. In them the diarrhœa may be progressive, and tend to fatal exhaustion, *without any ulceration* whatever; and the food may be passed through the intestine unabsorbed, and almost unchanged. The disease is essentially one of atrophy; but whether dependent upon organic change in the villi or lacteals, or in the vaso-motor nerves of the abdomen, we cannot determine. In Addison's disease of the supra-renal capsule, with bronzing of the skin, the irritability of the stomach may be present with diarrhœa, without any ulceration. That disease is essentially atrophic in character, and it is connected with a disturbed condition of the abdominal nerves; but, in the case referred to, the supra-renal capsules were sound.

The fact, however, is a very important one, that an atrophic state of the structure of the mucous membrane may be the only change recognised in fatal diarrhœa; and it is equally important to know that this state is likely to be relieved, not by opiates and astringents, which may be most valuable in some forms of disease, but by those agents which afford nourishment to the system and are readily absorbed. Many patients are relieved by cod-liver oil, by cream, by ordinary milk, by asses' milk, by the preparations of steel, &c. Rest in a recumbent position must be maintained. If the diarrhœa be accompanied with pain, opium or morphia may be required; but as long as the disease is regarded as one of simple ulceration of the small or large intestine, nourishment, which is the most effectual mode of relief, is neglected, because the true nature of the disease is not recognised.

Brook-street, May, 1869.

ON THE

STRUCTURE OF THE ADULT HUMAN VITREOUS HUMOUR.

BY DAVID SMITH, M.D., M.R.C.S.

THE RELATION OF THE VITREOUS HUMOUR TO INTRAOCULAR TENSION.

(*Continued from page* 671.)

II. *Relation of the Ocular Tunics to the Aqueous Capsule of the Eye.*

The relation of the retina to the aqueous capsule having been already considered, it only remains to consider the relation of the sclerotica and choroid.

Between the humours of the eye and the *sclerotica* no vital relations exist, it being unconnected with them either by nutritive or nervous action. The sclerotica is composed almost exclusively of white fibrous tissue, from which it possesses a considerable degree of stiffness; so that when the contents of the globe are evacuated, it retains, for the most part, its original curvature. Its firmness enables it to give support to the choroidal circulation within, and to protect the eyeball from injury without; and thus it would appear to bear the same relation to the contents of the globe that the cranium does to the contents of the head. A theory is commonly held that the sclerotica in health accommodates itself to the distending forces within the eye; and that in glaucoma this tunic is abnormally rigid, congenitally or acquired, whereby it resists distension.* According to this view the distending forces of the globe fall in the first

* Coccius: Arch. für Ophth., 1859. Band ix., Abth. 1. s. 1.

place on the delicate elements of the retina and limber vessels of the choroid, but ultimately sustained by the sclerotica. In addition to what has been already said in opposition to this theory, the sclerotica is almost devoid of elastic tissue—an elementary structure essential for its expansion. Rather will it be found that the distending force of the humours is borne by structures within the *aqueous capsule;* and that the mechanical relation which subsists between the vitreous body and tunics of the posterior hemisphere, in so far as these correspond to the retina, is that they give each other support, but that they do not act and react upon each other.

The *choroid* behind the ora serrata is composed of arteries, capillaries, and veins woven into a tunic by fibrous tissue and pigment cells. The afferent and efferent bloodvessels of the choroid, before they pierce the sclerotica, are reduced to a small size, and make up by numbers what they want in calibre. Again, within the choroid itself, they are subdivided into numerous branches of still smaller size. As the lateral pressure of the blood upon the walls of the vessels of any given part diminishes in the ratio of their subdivision, owing to the increase in the aggregate diameter of the branches over the parent trunk, so this subdivision of the vessels of the choroid must serve an important end in reducing the lateral pressure of the blood within that tunic to the lowest minimum. Another effect of this subdivision is the prevention of pulsation, which, if it existed in the vessels of the choroid, would be a serious impediment to vision.

From experiments made by Memorsky and others, it has been satisfactorily proved that the amount of blood within the choroid, in health, is subject to little variation; and that it is not subject to passive congestions, as are other parts of the body. One reason of this is that the fibrous tissue woven amongst the vessels prevents undue distension of the latter. Another reason is that the ciliary arteries and veins channel the sclerotica in an oblique direction from behind forwards, so that the walls of the apertures through which the vessels pass close like a valve when sudden increased pressure from within outwards falls upon that tunic.* But though means exist within the eye for preventing the choroid, in health, from being suddenly overcharged with blood by causes acting *ab extra*, as will be presently pointed out, it is liable to be considerably increased by the operation of the more gradual nutritive forces of disease acting *ab intra*. Accordingly, in the first stage of many of the deeper inflammations of the eye, the tension of the sclerotica is heightened, simply from increase of blood in the choroid. In the later stages, however, many of the vessels of the choroid become occluded, and ultimately reduced to shrunken cords, which lowers the tension of the sclerotica below the healthy standard.

For detecting the amount and force of the choroidal circulation, the same plan is to be adopted as that already described for determining the pressure of the fluid within the aqueous capsule (p. 634); but in the present case the fingers must be applied over the sclerotica in place of the cornea, as in the former instance. In this case also the patient should be directed to turn the eyes downward, and the tension of the sclerotica felt through the upper lid by the two forefingers. The dimpling of the sclerotica which results is owing to the displacement of blood within the vessels of the choroid; and, therefore, the resistance given to the finger in the healthy states of parts represents the force of the intraocular circulation. So much is this the case, that I have found that the degree of resistance which the sclerotica gives to the finger in the healthy eye is a good index of the force of the *systemic* circulation. But the tension of the sclerotica in diseases of the eye does not always represent the lateral pressure of the blood in the choroid. When the vitreous fluid is much increased, it is at the expense of so much blood within the choroid, and then the distending force of the fluid comes to bear upon the sclerotica. In such a case the force required to dimple the sclerotica is greatly increased, and represents the combined pressure of the blood in the choroid and the distending force of the humours of the eye.

The tension of the cornea in health is usually slightly greater than that of the sclerotica, owing to the distending force of the humours of the eye being superior to the lateral pressure of the blood in the choroid. Hence, in diseases attended with exalted intraocular tension, it is more common to have that condition arising from superabundance of the fluid humours than increase in the amount and force of the choroidal circulation, on account of the former overcoming the latter.

III. *The Principles which regulate the amount of Fluid within the Eye.*

The fluid of the eye constitutes one of the chief factors in producing intraocular tension, and the principles which regulate its amount are of great importance in explaining pathological, as well as physiological, hardness of the globe. As was formerly pointed out, the humours of the eye are contained within a capsule which completely isolates them from nearly all the tunics of the eyeball. It surrounds and limits the fluid both in the anterior and posterior hemispheres, the membranes of the two hemispheres being connected by processes which respectively pass backwards and forwards into the base of the iris and corpus ciliare, where they meet.

The amount of fluid which finds admission into the aqueous capsule of the eye, in health, is mainly influenced by two conditions—the physical and the vital. *Of the physical conditions, the chief one that determines its repletion is imbibition.* Every tissue of the body possesses the property of imbibition to a greater or less extent, that being one of the conditions necessary for their nutrition.* To illustrate the effects of this process in determining the distension of the aqueous capsule of the eye with fluid, let the eyeball be stripped of its tunics to the border of the cornea, preserving the hyaloid membrane and the connexions of the posterior elastic lamina with the ciliary body entire, and let the sphere so prepared be placed on a square of glass, so as to allow the greater part of the fluids of the eye to drain away. If, after this has been done, the shrivelled capsule be placed in pure water, it will absorb the water—the aqueous chambers will become filled, the vitreous tissue will swell up, and the whole aqueous capsule will become as much distended as it was formerly. This is explained by the physical agencies of imbibition; and the same force exists within the eye during life; but in the latter case, in place of the capsule absorbing fluid from the whole extent of its surface, the process of transudation is confined, almost exclusively, to that part of it which corresponds to the ciliary processes, from which both the aqueous and vitreous humours are derived. In the repletion of the aqueous capsule with fluid, both after death and during life, the physical process is the same—the capsule in each case continues to drink in fluid until it resists further distension.

But the force of imbibition, by which the aqueous capsule of the eye is replenished with healthy serous fluid, must be also somewhat assisted by *the force of the circulatory current* within the vessels of the ciliary processes. It is usual in the body that the amount of fluid which transudes through the vascular walls stands in some relation to their distension by the blood; and since it is known that, in diseases of the eye attended with impediment to the return of blood, an increase of fluid into either hemisphere takes place, we are justified in placing intravascular force as one of the conditions in health which assist the process of imbibition in replenishing the aqueous capsule with fluid.

Increased distension of the vessels of the choroid from impediment to the return of blood outside the eye, is not very apt to occur, owing to the peculiarity, already referred to, of the openings in the sclerotica through which the ciliary veins pass—viz., that the veins channel that tunic in an oblique direction, forming valve-like openings (Leber), which close with slight increase of pressure from within, and prevent the regurgitation of blood into the eye. Hence passive congestions near the eye seldom increase, to any extent, the lateral pressure of blood within the choroid, and, consequently, seldom give rise to increased transudation of fluid into the aqueous capsule. But the same anatomical peculiarity which prevents passive congestion of the choroid, when the obstruction to the return of blood exists outside the eye, is a cause of increased lateral pressure within the eye when that fluid is attracted to it in larger quantity by morbid processes going on in its deeper structures. In the latter case also, the venous openings in the sclerotica close when the intraocular pressure is increased, the exit of the

* Leber: Abstract in the Royal London Ophthalmic Hospital Reports, vol. ix., p. 63, from Archiv für Oph., xi., 1.

* Paget's Surgical Pathology, vol. i., p. 87.

blood from the organ is hindered or almost entirely obstructed, and, the attraction of blood to the organ still continuing, increased distension of the vessels of the choroid is the natural consequence. Another condition which acts in bringing about the same injurious result is the rigidity of the walls of the same openings in the sclerotica, which are just sufficient in diameter to allow the veins to pass; and as increased return of blood by the veins in any case takes place by enlargement in the diameter of the vessels, however much the ciliary veins may be distended within the eye, the diameter of the openings in the sclerotica remains the same, which condition thus acts the part of a ligature, and increases still more the stagnation of blood within the eye. Impediment to the return of blood from these causes gives rise to increased intravascular pressure within the choroid, and, as a sequence, of increased transudation of serous fluid from the vessels into the aqueous capsule of the eye, as a means of relieving their distension.

Against this susceptibility to transudation of serous fluid into the aqueous capsule there is, in both the anterior and posterior hemispheres, a *counterbalancing elastic force* which prevents imbibition beyond a certain extent. In the anterior hemisphere this force resides in the posterior elastic lamina of the cornea, and in the posterior hemisphere in the elastic tissue of the vitreous humour and ciliary body. The action of the former in producing this effect is too obvious to require any further comment; that of the vitreous tissue and ciliary body may be illustrated by the following experiment:—Deprive the eyeball of one of the larger quadrupeds of its tunics as far forward as the ora serrata, leaving the tunics anterior to this line entire, and let the vitreous so exposed be macerated in pure water. So long as the elasticity of the vitreous tissue and ciliary body remains perfect, the dimensions of the humour will not increase; but as the elastic resistance of these parts gives way, the anterior facing of the humour will begin to enlarge, which will ultimately increase to such a degree as to obliterate the plaitings of the zone of Zinn, and expand the ciliary processes. The same effect also occurs during life, when the vitreous tissue is weakened or broken up from inflammatory action of the choroid. In such a case, if the vessels of the ciliary processes remain patent to the circulatory current, the vitreous fluid may continue to be poured out in undiminished quantity, and as the resisting force of the vitreous tissue is destroyed, the distension of the vitreous chamber will go on increasing until the fluid meet with resistance from the outer tunics of the globe.

The *rationale* by which the vitreous tissue and posterior elastic lamina act in resisting transudation of serous fluid into the aqueous capsule, seems to be this: They exercise a contractile power over the aqueous fluid contained within the capsule, equal to the distending force of that fluid. But the action of the vitreous tissue is peculiar in this, that in place of the resisting force being applied to the circumference of the humour, as is the case in the anterior hemisphere, it is borne, in a great measure, by a structure which intersects the humour itself, the hyaloid membrane which surrounds it being inextensible.

Thus there exists within the aqueous capsule of the eye two counterbalancing forces, one which determines its repletion with fluid, and the other which limits the imbibition of the fluid beyond a certain extent; and thus the aqueous capsule has almost entirely within itself the forces which determine the exact amount of its distension. Each of these forces, in acting respectively, gives rise to two currents—the in-going current and the out-going current.

The *in-going current* (speaking relatively to the aqueous capsule) consists of the water, albumen, and salts of the serum of the blood. As the albumen which the in-going current contains is consumed within the capsule for the nutrition of the crystalline lens, vitreous tissue, and other structures, *the outgoing current* must consist only of water in which are dissolved the salts, urea, and other inorganic materials, the result of the tear and wear of the same tissues. The out-going current, therefore, is probably nearly or quite devoid of albumen—one of the *colloid* substances which, with difficulty, pass through animal membranes;* and if such be the case, the out-going current will pass with greater facility than the in-going current. The latter, however, may be assisted by the lateral force of the blood within the vessels of the ciliary processes, which will give an equilibrium to the two currents, as such must exist in the healthy state of parts. No doubt minor conditions may exist, even in health, which have some effect upon either current, such as the difference between the specific gravity of the liquor sanguinis and that of the fluid of the aqueous capsule, and the rapidity of the current of the blood within the vessels of the ciliary processes; but it is sufficient to mention these without further commenting upon them. The physical conditions of the tissues are the most important in determining the currents into and out of the capsule.

Various *morbid conditions*, acting purely physically, may determine the excess of one or other of these currents, and the dropsy or atrophy, as the case may be, of the aqueous capsule of the eye. Destruction of the elasticity of the vitreous tissue has been already mentioned as a cause of dropsy of the vitreous chamber. So also in the anterior hemisphere, after extensive ulceration of the cornea, in which the posterior elastic lamina has been pierced, the cicatrix which is formed has a resisting power inferior to the original tissue, which gives way before the distending force of the aqueous humour, allowing dropsy of the anterior chamber to occur. As illustrative of morbid action giving rise to excess of the outgoing current and consequent atrophy examples might be multiplied. A tumour springing from the optic nerve, growing intraocularly, in pressing upon the vitreous determines the absorption of the latter. A case of dropsy of the vitreous humour is related by Mackenzie* in which a puncture having been made in the sclerotica, the fluid which escaped infiltrated the subconjunctival cellular tissue to an enormous extent, and the pressure so produced kept the process of transudation in check until the dropsical tendency was cured.

But it cannot for a moment be entertained that the fluid is poured promiscuously into the aqueous capsule of the eye without reference to the *vital processes which are constantly going on in its interior*. It has been pointed out that the crystalline lens and vitreous tissue possess a life of their own, and that the fluid of both hemispheres contains the nutriment by which the lives of these tissues are sustained; and as in every tissue of the body, the nutrition of which has been studied, there has been found to be a direct relation between the supply of nutriment and the demand which the particular tissue has for it, we cannot suppose that an exception to this rule exists in the eye. For though the fluid is imbibed into the aqueous capsule of the eye by the physical properties of the tissues engaged, the nutrition of all structures is carried on by the same principle; and it is the operation of vital agencies on these structures in maintaining their vitality and healthy molecular arrangement which confers upon them their peculiar physical property of carrying on the process of imbibition in a healthy manner. Thus, while the transudation of serous fluid through the structureless capillary vessels is usually regarded as a physical agency, the quantity and quality of that fluid are much affected by vital conditions, and, therefore, of the molecular arrangement of the capillary membrane. To take a case in which the process of imbibition is still more a physical property: the thin-walled capillaries of the corpora Malpighiana of the kidneys, in health, give passage to water alone; but in disease they transmit the albumen of the liquor sanguinis in large quantity—a physical condition of the membrane accounted for, in a great measure, by a diminution of its vital resistance, and as a sequence of its increased porosity. The permeability of the capillaries of the ciliary processes and of the structureless membrane of Zinn is, no doubt, in like manner affected by the vital processes, so that as the latter are reduced the endosmotic current becomes increased, and the quality of the formative material which the latter contains is altered. It is no uncommon circumstance, in the course of the deeper inflammations of the eye, in which the nutrition of the whole organ is depressed below its normal standard, to have increased quantity of vitreous fluid, accompanied by such an increase of its consistence as to raise its specific gravity, and thereby give it a higher index of refraction. Here there is no breach of the capillaries of the ciliary processes, or of the structureless membrane of Zinn, through which the fluid permeates, to account for this change; and it can only arise from the diminution of the vital cohesion of the molecules which compose the membranous septa, giving passage to the liquor sanguinis, with

* Professor Graham: Transactions of the Royal Society, 1861, Part 1.

* Practical Treatise on the Diseases of the Eye, 4th ed., p. 697.

little elective affinity for its materials. Again, in health, the elastic power of the structures which limit the fluids of the eye is equal to the distending force of the fluids themselves, and so prevents their accumulation beyond a certain extent; but in various diseases, such as choroiditis or corneitis, the elastic force (which here is synonymous with vital force) of the containing structures becomes thereby impaired, and, according as the disease is in the anterior or posterior hemisphere, the distending force of the fluid will overcome the elastic resistance of one or other of these parts. As evidence of the lowered vital condition of the vitreous tissue in cases of inflammation of the choroid, I have often dissected the eyes of bullocks and sheep in which the choroid had been inflamed prior to their being killed, and, besides other changes, I invariably found that the vitreous humour quickly underwent putrefaction when macerated in water, and within a few days broke up into a pultaceous mass. I may point out, in passing, that in this we have an explanation of the manner in which fluidity of the vitreous humour (synchysis) occurs. Prolonged inflammation of the choroid, and especially of the ciliary processes, or any other cause which either lowers or cuts off the nutritive supply of the humour, so reduces the vital activity of the vitreous tissue as to bring about its disorganisation, solution, and ultimate absorption.

It is, therefore, by the vital activity of the capillaries of the ciliary processes, and of the other parts engaged in separating and limiting the fluid humours of the eye, that they possess their physical properties to perform these functions in a healthy manner. But the exercise of these physical properties necessarily entails a certain amount of decay, and, as a consequence, demands a certain amount of new material for the repair of the tissues engaged. Thus, the exercise of elasticity, which is a property of the vitreous tissue, and is in constant operation in the humour, will give rise to such an amount of waste as, through time, to require renewal. But the renewal takes place at the expense of the nutritive material contained in the fluid which it encloses, and therefore it may be said that the tear and wear which the vitreous tissue is constantly undergoing is one of the conditions which gives rise to the repletion of the humour with fluid; for the constant exercise of the elasticity of the vitreous tissue, in causing waste of substance, gives rise at the same time, and in the same degree, to destruction of its elastic resistance, which in its turn allows the ingress of fluid nutriment to repair the waste. The same reasoning is applicable to the posterior elastic lamina of the cornea.

But as the aqueous capsule of the eye has a capacity for holding so much fluid over which the elastic resistance of the tissues has no control, so that fluid must have other nutritive functions than the maintenance of the elasticity of these parts. By referring to the anatomical description of the vitreous tissue (THE LANCET, vol. ii. 1868, p. 725) it will be found stated that the fibres are covered with innumerable pearly globules, quite immiscible in the ordinary vitreous fluid, and that they probably have as one of their objects the preservation of the tissue, which is of low vitality, from undergoing the process of maceration in the fluid in which it is bathed. As these pearly globules can have no other derivation than the vitreous fluid, the albumen of which becomes deposited upon the fibres, a considerable consumption will take place for this purpose, which will entail the constant ingress of so much serous fluid into the vitreous cavity, and the egress of so much water and salts.

(To be concluded.)

CLINICAL NOTES ON THE TREATMENT OF SYPHILIS.*

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MANY cases of what is commonly called secondary and tertiary syphilis have come under my care within the last few years, both in public and private practice. These cases have been of varying degrees of mildness and severity; they have illustrated different kinds of disease-forms, and they have certainly exemplified some of the facilities and the difficulties of treatment. I have gathered a little experience, which has made the facilities more facile, and the difficulties less difficult; and I venture now to communicate to my medical friends some of the results which I have obtained.

The title of my paper makes it clear that the subject of *treatment* is what I wish specially to discuss, but it is necessary that we adequately apprehend first what it is we have to treat. The pathological area of syphilis is very wide; it is co-extensive with nearly every organ and tissue. Its diagnosis is often obscure, but the precision of our prognosis and of our treatment will be in an exact ratio with our ability to discern the disease under many aspects and disguises. It is important to study the way in which the natural features of the disease group themselves. When we are thoroughly familiar with those features, so as instinctively to classify them as each occurs, we shall find that scientific knowledge is the basis of sound therapeutic art. Surgeons and physicians exhibit a praiseworthy rivalry in striving to cure syphilis. Both claim certain phenomena as specifically their own domain; but the honourable quarrel of seeking to do the greatest good has tended to obliterate the conventional territories of professional practice. In truth, syphilis may undermine the health and incapacitate the body in so many subtle ways, that we should be thankful for the fact that the subject occupies the energies of many earnest minds.

I propose, then, firstly, to draw the outlines of the (so-called) secondary and tertiary stages of the syphilitic disease, and particularly to note the characteristic features of each stage. Let these be clearly mapped out in the mind, and the therapeutic problem will become much more simple. But it must always be remembered that the sequences of syphilis, though they can be, and have been, drawn according to the pattern of a perfect diagram, yet occasionally puzzle even an expert observer; and this either by reason of their marks being faintly traced, or because they are mixed up with other diathetic or constitutional troubles. Dr. Wilks abolishes the "tertiary" stage of syphilis altogether, and contends that the visceral and other lesions usually placed in that category should be regarded as the effects of a cachexia which arises out of the specific blood-poisoning; but I adhere to the old terminology, which, if not philosophically right, is at least practically convenient.

Taking now a typical case of syphilis, we will suppose the short stage of incubation to have passed, and that the proper secondary symptoms are beginning. They are called the "specific fever," and they have caused syphilis to be compared with the acute exanthemata,—though the analogy between these and a strictly enthetic disease appears to me to be rather remote. The main facts of this stage are, the rash on the skin; the superficial ulcers on the tonsils; the raised white patches on the mucous membrane of the mouth; the raised tubercles of skin adjoining the mucous orifices, called condylomata; the inflammations of the eye; the osteitic and arthritic pains.

Most practitioners would be pretty well acquainted with the meaning of facts like these, and would unhesitatingly track them to their origin. The eruption on the skin varies very much. According to Mr. Hutchinson, it may be merely congestive, or it may be scaly, papular, eczematous, pustular, or bullous. None of these differences, however, in the exanthem implies any difference in the nature of the virus. The ulcers on the tonsils are superficial and symmetrical; and, even if the tonsils escape ulceration, they are more or less red, and the mucous membrane of the pharynx and palate is usually red also. Swallowing is, therefore, more or less difficult. Similarly, mastication is troublesome when the interior of the mouth is sore; and if there be condylomata at the angles of the mouth, with some degree of salivation, a physician must be very careless if such palpable evidence of syphilis is overlooked.

The inflammatory affections of the eye almost tell their own story, and are easily distinguishable from the corresponding rheumatic lesions by their comparative slowness of development. I must dwell somewhat longer on the inflammations of the joints which are apt to accompany secondary syphilis, as I have had reason to believe (and the literature of syphilis confirms my belief) that this disease

* Read before the Bath and Bristol Branch of the British Medical Association, May 27th, 1869.

is sometimes mistaken for rheumatism, and especially for acute rheumatoid arthritis. Let me relate a case. Last January, a gentleman, aged twenty-eight, came under my care who had been sent to Bath for the sake of a supposed severe "chronic rheumatism" of the left shoulder and right knee joints. Both joints were distended with fluid, and the pain in the former was very severe at night. The elbow seemed pinned to the side; and disorganisation of the shoulder apparently threatened. Remedies for rheumatism had been freely used; but large doses of opium were the only means that had afforded substantial relief to pain, and the disease of the joint did not appear really better. There was much pyrexia, with anorexia and general irritability of the system. Careful inquiry discovered a history both of gonorrhœa and of syphilis. The gonorrhœa was too remote in point of time. The course of the malady was clearly not pyæmic. But its probable connexion with syphilis justified the trial of special medicines, beyond and above the narcotics and counter-irritants which the nature of the case clearly demanded. I shall sketch the treatment presently, and only say now that its success was so gradual and complete that in about three months the patient could move the arm in any direction without hindrance and without pain, and he could walk without appreciable lameness.

The superficial tender periostitis, which is a common factor of secondary syphilis, requires careful discrimination; and if there be other clear marks of the syphilitic poison, we are not likely to fall into the looseness of calling certain pains and aches "rheumatism" which have distinctly another origin. The diagnostic indications have been well enumerated by Lancereaux. In both diseases, says that author, the joints are the seat of swelling, redness, pain: but in the case of syphilis, the swelling of the joints is generally inconsiderable, and the redness less extensive; the pain is worse at night; rarely is only a single joint affected; the fever is less intense; and there are the other characteristic signs.

Of course it is not denied that acute rheumatism may be grafted upon a secondary syphilitic subject; and there is then a combination of morbid agencies which to the joints is full of peril and destructiveness.

Now comes the practical question of treatment of the secondary lesions of syphilis. For the superficial ulcerations and mucous patches just described, I have found it well to administer iodide of potassium in moderate doses (not exceeding ten grains) three or four times a day, with the bicarbonate of potash or with liquor potassæ; or it may be given in an effervescing saline draught. With each dose of the iodide I usually combine a small quantity (say a grain and a half) of blue-pill. A mild purgative may be premised; but any approach to diarrhœa afterwards must be checked, if necessary, by minute doses of opium. Warm baths do much good, and so do diuretic drinks: the older surgeons laid much stress on both. The clothing should be warm; and the diet should be of a simple and nourishing kind, without alcohol.

But iodide of potassium and blue-pill will not always vanquish the syphilitic affection of the joints. The case related just now was treated by the double compound of iodine and mercury, which I find to be of such unrivalled efficacy in the syphilitic inflammations of the deeper tissues. Each dose of this medicine is prepared by adding four or five grains of iodide of potassium to a drachm and a half or two drachms of the Liquor hydrargyri bichloridi of the late London Pharmacopœia: the precipitate which forms is immediately redissolved, and a clear colourless solution results. To this any suitable salt of iron may be added, when it is deemed desirable.

On the general question of the administration of mercury—does it beneficially affect secondary syphilis? Assuming the negative, even for a moment, yet it would be some gain if mercury prevented or mitigated the tertiary symptoms. But the soundest authorities agree that mercury satisfactorily shortens the second stage; and there are certain local inflammations which it entirely sweeps away, almost beyond the danger of relapse. It is particularly difficult to ascertain the controlling influence of mercury over the ulterior stages of syphilis. A selection of cases would have to be watched over a cycle of ten or fifteen years; the effects of mercury and of other supposed remedies would have to be compared and contrasted; and a keen logical estimate must be formed of constitutional idiosyncrasies and of the qualifying effects of individual habits and hygiene—a task usually beyond the reach of any single inquirer.

It must be the lot of most of us to see decent married women, worn and wearied, anæmic and neuralgic, who have contracted syphilis from vagabond husbands. In several cases of this kind, mild and uncomplicated, I have given iodide of potassium in compound tincture of chinchona from the beginning, and have withheld mercury entirely. The sore-throat has quickly healed, and the eruption has speedily disappeared; then, when all the fever has left, I have exchanged the chinchona for iron, and the health has seemed to be perfectly restored.

Those who are inexorably hostile to mercurial treatment do, in fact, raise up for themselves a kind of spectre, and call it mercury. What if it were called by some other name? When men range themselves under a special banner, and inscribe on it that they are anti-mercurialists, they offend at the outset by the announcement of an inveterate prejudice. If they have not the ability to use a potent drug with discretion, they should abstain from the art of medicine altogether; for all potent drugs—substances, I mean, which cure disease and bring health to man—can do harm if badly used. On this question I have no preconceived dogma to maintain, one way or another; but I say deliberately that if, like ignorant children, we throw away a weapon because we do not know how to handle it, we criminally divest ourselves of one of the gifts of healing, and so far starve our therapeutic resources.

Mr. Hutchinson has said that those who withhold the use of mercury in the syphilitic disease of organs of special sense incur a responsibility probably far greater than they suppose. Very mild words these, and not equal to the intense gravity of the subject; but coming from such an amiable writer they mean a great deal, and we look to the doctors and masters in therapeutics to denounce and destroy a mischievous heresy. Mr. Henry Lee and Mr. Erichsen have written plainly enough.

The treatment of infantile syphilis may be formularised with still higher definiteness. There was a remarkable agreement on this subject amongst an immense majority of the witnesses examined by the Commission on Venereal Diseases. Very many syphilitic infants come under my care at the Eastern Dispensary. I treat all alike by grey powder, in doses proportionate to age, and usually combined with compound kino powder, or the aromatic powder of chalk. Unless the marasmus be very pronounced and very hopeless, all the cases do well. Hardly any early syphilitic phenomenon of the congenital order is not easily cured by this simple means. A female child is now under my care at the dispensary, suffering from extensive superficial ulceration around the vulva and anus; and it was marvellous to see the rapid cicatrisation which followed the treatment I have described. Nor have I found it necessary to give mercury in any other form, or to use external mercurial frictions.

(To be concluded.)

ON THE TREATMENT OF RETENTION.

BY DR. J. W. S. GOURLEY,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF NEW YORK, AND SURGEON TO BELLEVUE HOSPITAL.

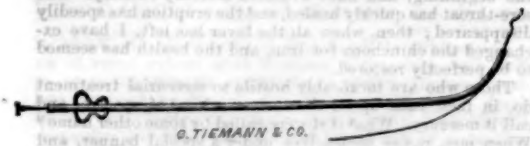
I HAVE the honour to forward for publication the following description of a catheter, which I have lately devised for use in cases of retention of urine arising from stricture of the urethra, especially where there exists a false passage. I do so in the hope that the profession may find of equal service a method which, in my hands, has succeeded when other means have failed.

The annexed figure represents, in reduced proportions, the instrument, and a portion of the guide, or conductor, passed through the canal at its point.

The catheter is three millimeters in diameter, nearly corresponding with No. 3 of the English scale, and is conical, its point being two millimeters in diameter, about equal to No. 1 of the same scale. A groove on its convex side ex-

tends a distance of four inches, and is bridged over in its last twelfth of an inch, so as to form a canal for the reception of a delicate whalebone guide. The catheter eye is on the concave side of the instrument, about three-fourths of an inch from its point, and is kept closed by a well-fitted stylet.

The curve of the instrument is equal to one-fifth of the circumference of a circle three inches and a quarter in diameter.



The manner of using it is as follows. With a small syringe the urethra is to be filled with olive oil, and an attempt made to introduce a probe-pointed whalebone guide, half a millimeter in diameter, and of the length of an ordinary bougie, the point of which may be made temporarily spiral by immersion in boiling water, then twisting around a small staff, and suddenly cooling it. If its point becomes engaged in a lacuna, it is to be withdrawn a little, and again carried onward with a rotary movement. If it enters a false passage, it is to be retained *in situ* by the left hand, while another is passed by its side. If this second guide makes its way into the false passage, it is to be treated precisely as the first was, and the operation repeated till one guide can be made to pass the obstruction, and enter the bladder. Sometimes five or six guides are thus caught before the false passage is filled up, and the natural route opened. As soon as the bladder is entered by a guide—which may be known by the instrument being easily moved in and out—the other guides are to be withdrawn, the free end of the retained guide passed through the canal at the end of the catheter, and this instrument carried down the urethra along the guide until its point reaches the stricture. Generally, with slight pressure in the right direction, the catheter may be made to enter the stricture, and finally pass into the bladder.

The guide may be kept in position after the withdrawal of the catheter, and dilatation carried on by the successive introduction of larger-sized catheters of the same construction; or divulsion may be resorted to by means of Mr. Holt's or Sir Henry Thompson's instrument, modified by means of the terminal canal for the passage of the guide; or internal urethrotomy may be practised with any of the various urethrotomes, having only this simple modification; or, as has already on several occasions been done, the retention catheter may be made available in external urethrotomy, instead of Mr. Syme's staff.

New York, April, 1869.

A CASE OF POISONING BY NICOTIANA.

By MAURICE G. EVANS, M.D., M.R.C.S.

THE following case of poisoning by nicotiana may perhaps, on account of the manner in which it was produced, prove interesting and instructive. I was summoned on the 21st instant to see a little boy, seven years of age, said to be in a fit. On arriving at the house, I found him completely insensible, cold, pulseless, with prolonged respiration. On trying to rouse the child, I discovered a blackish patch, about the size of the palm of the hand, on the side of his neck, which I was informed was ringworm, and that an ever-ready old woman prescriber, with which this neighbourhood is blessed, had advised the parents to procure an old much-used tobacco pipe, to scrape its interior, and apply the ash, mixed with a little oil, to the abraded surface. In the course of half an hour the child went to his father complaining of a sense of choking, tottering in his gait, and vomiting. I saw him about twenty minutes after, and found him in the state above described. The father assured me the quantity of ash applied could be held on the point of a tolerable-sized penknife. The treatment pursued was, having the part immediately well washed with soap and water, rousing the little patient, administering ammonia and coffee, with friction to the limbs, &c. Consciousness and reaction soon commenced returning, and in an hour or so the child was out of danger.

Narberth, May, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASE OF TETANUS, RAPIDLY FATAL.

(Under the care of Mr. JOHN BIRKETT.)

IT fortunately happens that tetanus rarely causes death so quickly as in the following case. The probable explanation of the man's rapid dissolution is to be found in the depressed and worn condition of his general constitutional powers. Very little time was afforded to allow the medicines administered to exert their influence, and, in fact, they produced no appreciable effect whatever. The spasms commenced, as usual, in the muscles of the neck and jaw, on the fifth day after the infliction of the injury; and so rapidly did the disease progress that the man survived its first indications little more than twenty-four hours.

J. H——, aged fifty-seven, was admitted into a private room in Guy's Hospital on the 10th February, 1869. He then stated that he had crushed his left index-finger between two ropes, producing a compound fracture of the first phalanx, on the 4th February. On the 8th and 9th he attended at the surgery to have the finger dressed; and in the evening of the 9th, the fifth day after the injury, he felt stiffness of his neck, and his jaw became rigid. He had taken no solid food for four days.

Feb. 10th.—9.30 A.M.: When admitted he was able to walk with a little assistance; was perfectly sensible; his countenance had a peculiar fixed expression; his jaws were rigid and fixed, with a piece of wood between the teeth; his head was drawn back, but there was no contraction of other muscles. He was at once put to bed.—11.15 A.M.: He has difficulty in swallowing; complains of pain in the small of his back, which is from time to time slightly arched by the contraction of its muscles. Pulse 80; respiration 24. He was ordered a solution of extract of Calabar bean in water, neutralised with liquor ammoniæ, for subcutaneous injection; and at noon five minims, containing one-sixth of a grain of the extract, was injected beneath the skin of the arm. To be fed with beef-tea, milk, and brandy.—1.40 P.M.: Has made two attempts to drink, each of which brought on spasms threatening suffocation. Pupils of normal size.—2 P.M.: One-third of a grain of the extract was injected as before. Pulse 110, full and jerking; respiration 34, irregular; expiration noisy; he has slept a little; has slight spasms every six or seven minutes; the masseters and muscles of the back of the neck are continually contracted; he keeps hawking up rather viscid saliva, and is in a profuse sweat.—4 P.M.: One-third of a grain of the extract was injected. A quarter of an hour afterwards the muscles of the back and thighs contracted strongly; pupils are not much contracted.—5 P.M.: One-third of a grain of extract. Being unable to swallow, he had an enema of beef-tea, opium, and starch.—7.45: Had a severe spasm, lasting two minutes, when he was almost exhausted. During that time the pulse rose to 140; respiration 40.—8.30: Half a grain of extract injected. Spasm of three minutes, in which the respiration was chiefly affected. Enema of beef-tea repeated.—10 P.M.: One-third of a grain of the extract of Calabar bean, with one-third of a grain of morphia.—11 P.M.: Two-thirds of a grain of the extract. Spasms frequent, almost continuous.

A block of ice was applied to the spine, which seemed to increase the spasm.—12 night: One and one-third grain of extract of Calabar bean.—12.20: He died, not during a spasm. The respiration ceased before the pulse. The muscles were all relaxed immediately after death.

Autopsy, fourteen hours after death. — Rigor mortis still present in lower limbs; upper ones rigid, but less so than lower. Lungs large, bloated with serum and blood in the dependent halves, so that large portions would almost sink in water. Heart contracted closely, but not very firm. Other organs healthy.

MIDDLESEX HOSPITAL.

LARGE FLESHY POLYPUS OF THE NOSE; OPERATION.

(Under the care of Mr. DE MORGAN.)

THE patient, a man aged forty-one, was admitted on the 13th of April with a large polypus in the left side of the nasal cavity. It filled up the left nostril, and a large mass of it could be felt hanging down behind the soft palate. The left side of the nose was bulging, and the nasal bone was in great part absorbed. The left eye was protruded, and the orbit was evidently filled with the growth. There was no depression of the hard palate, or swelling in the cheek or the frontal region. No tumour could be seen in the right nostril, but he was unable to breathe through it.

His account was that he had had a stoppage in the left side of the nose last summer, and that four months ago the tumour had been detected in the nostril. Nine weeks before his admission, an attempt had been made to remove it in the ordinary way, but the hæmorrhage had been so great that it was given up. A week or two after, a second attempt was made at another hospital, but was abandoned for the same reason. When he came here as an out-patient, the house-surgeon again tried to remove it, but severe bleeding again came on, and he was taken into the hospital.

It was clear from the protrusion of the eye and of the side of the nose that, even if there were no hæmorrhage, the tumour could not be removed by the nostril. On April 21st, Mr. De Morgan made an incision through the lip, and carried it through the side of the nose to the upper end of the nasal bone, which was then cut through with a pair of scissors. The nasal cavity was thus exposed, and was found to be occupied by a fleshy mass, which had its attachment to the bones forming the inner wall of the orbit. These were in great measure absorbed, allowing of the growth to pass freely into the orbit itself. The whole mass was scooped away with the finger, the bleeding being less than when the attempt had been made to remove it through the nostril. The orbit was cleared from all the growth; none had passed into the antrum. The parts were carefully brought together, and united by primary union. The eye, which had been dim, soon regained its position and clearness of vision; and a discharge from the nostril, which was at first somewhat foul, was soon checked by injection of Condy's fluid. He was discharged well on the 18th May.

The growth was composed principally of round nucleated cells, of uniform size, with a very spare amount of connective tissue. It was, then, a form of sarcoma, in no way resembling the ordinary gelatinous polypus, and there is a probability of its recurrence. Its rapid growth and absorption of the bone around it lead to the same conclusion.

Provincial Hospital Reports.

ROYAL NAVAL HOSPITAL, HASLAR.

CASE OF IDIOPATHIC GLOSSITIS.

(Under the care of Staff-Surgeon VAUGHAN, R.N.)

ASSIST.-SURG. TURNER, R.N., has obliged us with the accompanying notes.

G. W——, aged seventeen, a well-nourished, healthy boy, was admitted into the hospital from a training ship in harbour, on the 21st of January last, suffering from acute inflammation of the tongue.

So rare is the disease that it is not mentioned in the handbooks on surgery. The following details, from various authorities, may be found interesting:—

In Dr. Copland's "Dictionary of Practical Medicine," the disease is described as sometimes very severe and dangerous. Dr. Copland, in his own practice of thirty-five years, had met with only four cases,—in all of which the inflammation was limited to one side of the organ. Mr. P. G. Frank treated seven cases in forty-five years,—one case only had come under his notice during a period of twenty-five years.

The rapidity of the disease is remarkable. Dr. Moses, of New York, giving it a course of from twelve hours to six days,—usually ending in resolution, abscess, gangrene, or death. De la Malle, in the "Cyclopædia of Anatomy and Physiology," gives a case where the patient was almost suffocated in five hours from setting in of the inflammation, and was saved by free incisions into the organ. This plan of treatment is the most effectual, and requires to be promptly applied, as the immediate danger is extension of the inflammation to the glottis, and death by suffocation. The incisions leave very little permanent marks on the tongue. De la Malle says that in one case in which three parallel incisions penetrated two-thirds of the preternatural swelling, next day they had the appearance of mere superficial excoriations. In the case of the boy admitted into Haslar Hospital, after a few days there was not the slightest trace of the incisions, although they had been seemingly carried four or five lines into the substance of the tongue.

The utmost vigilance is necessary, as the following case will illustrate:—An adult, aged forty-eight, was admitted into Lazarus ward, Guy's Hospital, in August, 1863. No danger was apparent. The nurse had strict orders to call the surgeon should any increased difficulty of breathing arise. The man was found dead the next morning, and the necessity of early incision was evidenced when, on autopsy being performed, the glottis was found swollen from effusion beneath the mucous membrane, and no doubt had caused death by suffocation.

The history of the case admitted into Haslar Hospital, as stated above, threw no light on the cause. The patient had complained two days previous of tenderness in the organ, but had received no hurt by any means, nor had he been using mercurial preparations.

On admission at two P.M., the apex of the tongue was protruding from the mouth about half an inch, very much swollen, and completely filling up the aperture; lower lip swollen and ulcerated; salivation, and fetor of breath; a soft swelling on the right side of lower jaw, unconnected with the glands. The enlarged organ occupied almost completely the cavity of the mouth, and nothing could be passed beyond the teeth of the upper jaw without great difficulty and pain to the patient. A thick white fur covered its surface, and there was a constant flow of saliva. The face was flushed, and pulse quick. Ordered, fomentation, inhalation of vinegar on sponges, strong beef-tea, and milk. Deglutition was, however, almost impossible, and only very small quantities at a time were passed, as far back as possible.—6 P.M.: Swelling and tension somewhat relieved. Was able to swallow some beef-tea out of a feeder. Tongue and lips well washed with Condy's fluid mixed in tepid water. The flow of saliva constant.—8.30 P.M.: No improvement. Face flushed; breathing oppressed. Two parallel incisions were made from base to apex. A moderate amount of bleeding took place, with considerable relief to patient. To continue fomentation.

22nd.—8 A.M.: Slept badly; bleeding continued during the night; swelling subsiding, and protrusion less; apex still prominent. A piece of sponge passed beyond the teeth with care. — 1 P.M.: No change; takes his nourishment well; pulse 116. Ordered chlorate of potash mixture.

23rd.—Passed a better night; tongue has resumed its natural position, the swelling having materially subsided; saliva still flowing; able to sit up in bed; bowels constipated. Ordered castor oil.

24th.—Slept well; tongue rapidly decreasing in size, incisions healing; salivation much diminished; lower lip painful and ulcerated; bowels open; can swallow now easily.

25th.—Tongue cleaner; incisions quite healed; able to talk freely; still adheres to the previous history he gave.

30th.—Salivation has ceased; ulcers on lower lip consequently healing.

Feb. 1st.—A few ulcers remain open on the lip; but no trace of incisions on the tongue now visible; although not quite its normal size, it causes no inconvenience in its use.

4th.—Put upon full diet and quinine mixture; convalescent.

The cause of salivation was, no doubt, owing to the patient's inability to dispose of the fluid in the usual way, the swollen state of the tongue preventing the act of deglutition. There was no swelling or undue irritation of the glands, or abscess forming. It may be here stated that no pus whatever was formed in the above case.

CROYDON GENERAL HOSPITAL.

FRACTURE OF SEVERAL RIBS; UNREDUCED DISLOCATION OF CLAVICLE FORWARDS; RECOVERY.

(Under the care of Dr. T. RUTHERFORD ADAMS.)

DAVID G——, aged thirty-eight years, a bricklayer, was admitted on the 21st of January, 1869, in a state of collapse, caused by injuries received whilst he was in the act of removing some supports to a large arch of brickwork. The whole mass gave way, killing two of his companions, and injuring himself and another man, who was less severely hurt. It was found at a glance that the left clavicle was dislocated forwards; and, upon placing the hand over the left side, there was loud crepitation, showing that four of the ribs were completely fractured, and the side flattened. The clavicle projected on the fore and upper part of the sternum. The slightest attempt to move him caused the greatest pain; and, from his depressed condition, nothing in the way of reduction was attempted. A broad roller was applied round the chest, and light nourishment given, with sedatives, and complete rest enjoined. For some days it was thought that the man could hardly recover, his symptoms were so very unfavourable. Eventually, however, he did well, and left the hospital a month after the accident. His case being unusual, Dr. Adams sent him up to University College Hospital to Mr. Christopher Heath, who, with Mr. Erichsen, examined him, and had a cast taken for the museum. They both concurred in advising that no attempt at reduction should be made, as the injury had then existed six weeks.

Medical Societies.

HARVEIAN SOCIETY.

EXOPHTHALMIC GOITRE.

AN important contribution to the clinical history of exophthalmic goitre, a disease which has recently been brought prominently before the notice of several Societies,—was made to the Harveian Society by Dr. W. B. Cheadle, at a late meeting. Dr. Cheadle has met with eight cases of this disease during the last eighteen months, and of these six exhibited its three leading features—viz., palpitation, enlargement of the thyroid, and prominence of the eyeballs, in a marked degree. In the two remaining cases, one of the three great symptoms was absent; in one there was no goitre, and in the other no exophthalmus. Seven of the cases occurred in females, and one only in a male. In the latter, no cause could be discovered on most careful and repeated inquiry which would account for the attack. Of the seven cases occurring in females, four were associated with disordered menstruation, one with the advent of puberty, and one with the final cessation of the catamenia. Five of the women were anæmic, although not in any extreme degree; but the remaining two, and the man, were full-blooded and robust. In every case palpitation was the first, or one of the first symptoms noticed, and the action of the heart always rapid and forcible. The pulse was generally full and jerking, and ranged between 84 and 144, being, however, rarely found in any instance below 100, although showing great fluctuations between the limits. The temperature had been carefully registered in most of the cases, and found to be generally above the normal—in one case as high as 101°,—showing, however, like the pulse, considerable variation. In one case, which had been under observation for above a year, although recovery had appeared to be almost complete for some months, the pulse remained above 100, and the temperature about 99°. Observations were made to determine whether any difference existed between the temperature of the cheek and that of the axilla, or between the two cheeks, with the view of obtaining evidence respecting any affection of the cervical sympathetic. The results showed a general difference of half a degree in favour of the axilla, and corresponded with those obtained from persons in perfect health. In one case, however, the temperature of the cheeks was found to be two degrees lower than that of the axilla. This was observed twice only, the temperature having the normal relations as in the others, on all other occasions. In no instance was any material difference between the two sides of the body discovered, either in the cheeks or axilla. The pupils were found to be somewhat dilated, but responded readily to light and atropine, except in one instance, where there had been severe inflammation of both eyes. The impulse of the heart was always increased, and accompanied by arterial throbbing. In no case could hypertrophy or distinct organic disease be made out.

Amongst other symptoms observed in the majority of cases, were irritability of temper, great nervous excitability, flushing of the face, and increased palpitation on the smallest excitement or exercise, epistaxis or diarrhœa, and profuse perspirations. In the case of the man, all the three principal symptoms were strongly marked, and the pressure of the goitre produced grave dyspnœa. The circumference of the neck measured 17½ inches. Iodine and glycerine were applied under oiled silk, and ten-minim doses of the tincture of iodine given internally. The goitre rapidly decreased in size, all the symptoms abated, and the neck was eventually reduced to a circumference of 13½ inches. The iodine was given internally for nine months, with short intermissions only from non-attendance, without producing any increased palpitation or other ill effect. A second case, in which the goitre was large, and the other symptoms severe, was treated in the same manner with equal success. In one case only out of six in which iodine was given continuously for many weeks, it was deemed necessary to discontinue its use on account of increased palpitation following the administration of fifteen-minim doses.

In considering the bearing of the evidence afforded by these cases upon the nature of the disease, the author observed that increased action of the heart was not only an invariable symptom, but also one of the earliest in point of time, as in the cases related. If the sequence were real, the congestion or hypertrophy of the orbital cushions and thyroid might be explained as a result of hyperæmia from increased cardiac and arterial action. But the case of injury to the cervical sympathetic lately brought before the Medico-Chirurgical Society by Dr. W. Ogle seemed to show that mere hyperæmia was not sufficient. There must be something in addition, a nerve stimulus which at the same time sets the heart going at such an unwonted pace. The excessive cardiac action being viewed as the key to the series of phenomena, it was necessary to go a step further back, and seek the nerve source of this.

The author considered the morbid changes found in the cervical sympathetic on post-mortem examination, in a number of cases during the last few years, quite inadequate to explain all the phenomena observed. If the cervical portion of the ganglionic system were alone affected, it was, *primâ facie*, improbable that both chains should be implicated at the outset in every case. These chains had been shown by experiment to have singularly independent action; and yet, in the cases observed, no difference of temperature between the sides, such as lesion of one chain would produce, could be detected. Nor was there any disparity between the cheek and axilla, except casually in one case; showing that the morbid condition, whatever it might be, was not limited to one chain of ganglia only, or to the cervical portion only.

The symptoms of exophthalmic goitre corresponded partly to paralysis, and partly to irritation of the sympathetic. The increased heat and arterial action were consistent with the former, the cardiac excitement, the exophthalmus, and the dilatation of the pupil with the latter. Symptoms indicative of such opposite conditions were difficult to reconcile; but they appeared to show that the sympathetic system was in some way or other largely implicated.

The rapid, jerking pulse, persistent palpitation without organic disease of the heart, or acute disease, to account for it, and perhaps increased temperature, were suggested as valuable aids towards the diagnosis of the complaint in its early stages; and some sphygmographic tracings were exhibited illustrative of the difference of the pulse in this disease and in simple anæmia.

Reviews and Notices of Books.

The Baths and Wells of Europe, their Action and Uses; with Hints on Change of Air and Diet Cures. By JOHN MACPHERSON, M.D. Small 8vo. pp. 336. London: Macmillan and Co. 1869.

WE have carefully perused this work, and are much pleased with it. The subject of baths, spas, and mineral waters is often one of much bewilderment to the medical practitioner, if only in consequence of the absurd statements that are made as to their virtues in the cure of ailments the most diverse, the want of scientific precision in the observance of their effects, and the non-recognition of the results of change of air, of scenery, and of society which attend the visit to continental watering-places. Whilst the stream of valetudinarians to the latter is on the increase, it is desirable that more definite knowledge as to the respective merits of their medicinal waters should be circulated. In the work before us, Dr. Macpherson has given the kind of information which every medical practitioner ought to possess. It must be remembered that the author has for some time devoted his attention to the question of the medicinal action of mineral waters. As early as 1853 he was instrumental in inducing the Government of India to investigate the mineral waters of that country, and has accumulated, in great part by personal observation, a mass of information since that date. Dr. Macpherson, in the first place, gives a sketch of what a bath life is, and of the elements in it which go to make up the curative agency; then the relative value of change of air—sea and mountain,—of dry hot air, of compressed air, and of different elevations, is discussed at some length. This is followed by a sketch of the effects of the external and internal use of simple mineral waters in health and disease; the various spas and waters in about 300 places in France, Spain, Austria, Italy, India, and Egypt, being examined in detail in reference to the treatment of some fifty different classes of diseases. A capital map of the principal health-resorts of Europe accompanies the description. Dr. Macpherson lays much stress on the necessity for making greater use of the mineral springs in our own country. He likewise devotes a chapter to artificial waters, to the *dry method* of cure, to the cure by extract of malt, by the use of various vegetables, bitters, pine products, to the "grape cure," and the various forms of "milk cure" in vogue in certain parts of the world, and other matters. The pith of what is known on these topics is given without entering into unnecessary details. We honestly believe that the work of Dr. Macpherson, containing as it does in a condensed shape the outline of all that is needful to be known as to the therapeutic action of "baths" and "waters," will be found most useful to the practitioner and to the public.

OUR LIBRARY TABLE.

A Dictionary of Materia Medica and Therapeutics. By ADOLPHE WAHLTUCH, M.D., M.R.C.P. Lond., Fellow of the Obstetrical Society of London, Hon. Member of the Medical Society of Prague, &c. London: Churchill and Sons. 1868.—This is a very handy book, and one which must have cost infinite trouble in its preparation. It contains the Latin, English, French, Italian, German, and Russian synonymes; and under the column headed "Physiological Effects and Therapeutics" there is a brief *résumé* of the modes in which the remedy is supposed to act, and the diseases to which it is applicable. Under the head of "Prescriptions" the chief formulæ of distinguished physicians and surgeons are arranged, into the composition of which the article enters.

Zeitschrift für Biologie, band v., heft 1.—The first part of the fifth volume of this journal lies before us. It contains five important essays. The first is by Dr. G. von Liebig, on Breathing in Condensed Air; the second, by Dr. Reinhard, on the Elimination of Carbonic Acid and Water by the Skin; the third, by M. Bachi, on the Excretion of Ammonia by the Lungs; the fourth, by Dr. B. H. Stadion, on the Quantitative Determination of Uric Acid in the Urine of Man by means of Hydrochloric Acid; and the last, by Carl Voit, on the Formation of Fat in the Animal Body. Liebig experimented in the following fashion. The subject breathed for fifteen minutes into a vessel of known capacity through a mouth-piece provided with valves; whilst through a second vessel of equal capacity the air of the room was drawn, in order that a comparison might be made. The amount of carbonic acid was determined by Pettenkofer's method—i.e., by shaking the contents of the vessels with baryta water, and then estimating the quantity of baryta remaining unprecipitated by means of oxalic acid. The general result of all the researches was, that the quantities of air breathed under augmented and under ordinary pressure differed very little from one another; the greater number of the respirations under ordinary pressure being compensated for by their greater depth under higher pressure, to which the muscles soon learn to accommodate themselves. As regards the amount of carbonic acid, it would further appear that the differences observed under variations of pressure were insignificant, and quite within the physiological limits of health; the variations of pressure being from about the normal pressure, 716 mm., to 1040 mm., or about half an atmosphere. The paper by Voit is a long and valuable one, and we will endeavour to give a sketch of it in a future number.

Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania, &c. Second Edition. Philadelphia: Henry C. Lea. London: Trübner and Co. 1869.—The author has been at great pains to collate the materials for this book. The sifting process has been judiciously performed, and the power of condensation has been carried to the utmost. For practical purposes, such books are no doubt very useful, although not altogether free from objection.

The Bahamas. A Sketch. By Surgeon-Major BACOT. London: Longmans and Co. 1869.—This sketch contains an account of the Bahamas, written in a light, easy style. Those who have read Washington Irving's "Life of Columbus" will remember how the great Spaniard—restless, anxious, and watchful—thought he discovered a strange light across the water on the night of the 11th of October, 1492; how he, in armour, waving the Royal banner of Spain, accompanied by his captains and crew, landed on a small but beautiful island, and knelt down and gave thanks to God. The great admiral named the island St. Salvador, and the present one of that name of the Bahama group is generally supposed to be it. There is little of purely professional interest in Dr. Bacot's sketch. Consumption appears to be rare; but fevers of the malarial type are not uncommon. The winter is as pleasant as the summer is hot and disagreeable.

On the Extravagant Use of Fuel in Cooking Operations; with

a *Short Account of Benjamin Count of Rumford, and his Economical Systems, and numerous Practical Suggestions for Domestic Use.* By FREDERICK EDWARDS, jun., Author of "Our Domestic Fireplaces," &c. London: Hardwicke. 1869.—Whether we have to treat our patients in a private house or a public hospital, good cooking is an important matter, and the economising of fuel scarcely less so. We have read this book with interest, and, what is more to the purpose, with not a little addition to our practical knowledge. The author evidently understands his subject, and he has laboured to make his readers understand it too.

Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris. Tome V., 2nde Série. pp. 392. 1868. — These Bulletins, which partly resemble the reports of our Registrar-General, and partly those of the Medico-Chirurgical Society, contain interesting essays on the prevalent diseases admitted into the Paris hospitals, and discussions on special cases of importance. Amongst the latter, we may allude to the following: A case of Cancer of the Brain, by M. Moutard-Martin, especially bearing on the question of its origin from contusion; cases of Croup treated by Tracheotomy and by the Oleo-resinous Extract of Cubebs, by MM. Isambert and Bergeron; a case of Exophthalmic Goitre, by M. Paul; a case of Rabies, by M. Petre; a case of Necrosis of the Upper Jaw and other bones of the face, by M. Bucquoy. The Memoirs are six in number, and treat of Uterine Retroversion during Pregnancy (M. Caradec); the Treatment of Pleuritic Effusions by Capillary Thoracentesis (M. Blachez); Blennorrhagic Sciatica (M. Fournier); Double Puncture of the Pericardium, in a case of Hæmorrhagic Pericarditis (M. H. Roger); Membraniform Mucous Concretions of the Intestine (M. Siredey); and of some Visceral Symptoms, and especially of some Laryngo-bronchic Symptoms, accompanying Locomotor Ataxy (M. Féréot).

Rules of Simple Hygiene, and Hints and Remedies for the Treatment of Common Accidents and Diseases. Compiled by DAWSON TURNER, D.C.L., and revised by five eminent Medical Men. Longman and Co.—This contains very clear practical advice, and people might do worse than spend a shilling in procuring it.

THE ARRIS AND GALE LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

ON Thursday, the 3rd, and on Tuesday, the 8th instant, Mr. Hulke delivered, in the theatre of the Royal College of Surgeons, the first and second of his course of three lectures "On the Normal and Morbid Histology of the Eyeball." In the first lecture—after briefly noticing the nature of the Arris and Gale foundation, by reason of which the course was delivered, Mr. Hulke proceeded to treat of the normal and morbid histology of the cornea and vitreous humour. He first described the corneal epithelium—the shape and arrangement of its cells, their probable mode of growth in health, and their proliferation in disease; and then proceeded to give an account of the well-known characters of "Bowman's membrane"—the *anterior elastic lamina*. Arriving, in due course, at the lamellated cornea, he described this as being mainly composed of two elementary tissues, one cellular, the other a modification of common connective or white fibrous tissue. In the adult human cornea the fibrous tissue predominates, and the corpuscles are large-branched cells, cohering in nets of variable sizes, but never co-extensive with more than a very small portion of the entire corneal area.

The cell-nets extend in planes which intersect one another at every possible angle, preserving always an approach to parallelism to the corneal surfaces.

Corpuscles lying in the same plane intercommunicate very freely through their branches, and less freely with those in the neighbouring more superficial and deeper planes, and in this way they collectively form a system of plasmatic canals which pervades the entire cornea.

The interstitial fibrous tissue consists of broad, flat, lamelliform bundles, interwoven with the cell-nets, necessarily also in planes nearly parallel to the corneal surfaces, an arrangement of the tissues which gives the quasi-laminated appearance observable in vertical sections of the cornea. In the fœtus the fibrillation of the bundles is very distinct, and in the adult it is also evident.

The cornea is entirely destitute of bloodvessels, and its nutrition is wholly carried on by the corpuscular system. It is plentifully supplied with nerves, which enter at the circumference, and travel towards the centre, repeatedly dividing, and uniting in a plexus the bundles of which mostly tend towards the anterior surface. They ultimately form a plexus of very fine bundles, from which minute branches perforate the anterior elastic lamina, and are lost in the anterior epithelium.

The only remaining corneal tissue is the delicate homogeneous membrane of Descemet, or the posterior elastic lamina. It possesses so much strength and elasticity that it often protrudes as a vesicle beyond the anterior surface of the cornea when the tissues in front of it have been perforated by ulceration. A single layer of delicate pavement epithelium lines the inner surface of the lamina. Its cells proliferate in some forms of keratitis, and produce minute opaque dots upon the back of the cornea, recognisable when illuminated by an oblique pencil of light.

The cornea is not merely an excellent field for observing those coarser features which clinically stamp the chain of minute tissue-changes in which the process of inflammation essentially consists, but it supplies the anatomist with unusual opportunities of studying these tissue-changes themselves.

The microscopy of keratitis demonstrates that vascularity, or even the nearness of bloodvessels, is not essential either to the beginning or continuance of these structural alterations—a fact now generally conceded; and, further, it shows us that these tissue-changes begin in, and primarily affect, those formed elementary parts possessed of nuclei, or which, as some express it, contain masses of germinal matter. To take a single instance: when we microscopically examine the tissues about a corneal wound, even so early as a few hours after its infliction, we find them slightly clouded, and the nuclei and corpuscles already a little enlarged. Next, segmentation of the nuclei fills the corpuscles with a young brood in the guise of lymph, or granulation, or pus corpuscles, which, escaping from the parent capsule, accumulate between the lamellæ, and form the deposits which in the case of pus we call *onyx*. Or, again, the cell-proliferation extends, and the interstitial fibrous tissue disappears, and we call this process diffuse parenchymatous inflammation, or diffuse suppuration. When a wound or ulcer is small, and distant from the circumference, tissue-changes may proceed until its perfect cicatrisation without the presence of any bloodvessel; although, when the injury is more extensive, or near the periphery, or the healing slow, vessels always run into it from the sclerotic and conjunctiva. Referring to the nature of scar-tissue, and to the diminished opacity of corneal scars after division of anterior synechiæ, the lecturer said that the change was to be explained by their being cut off from the vessels of the iris, rather than by the removal of traction. He next referred to the entanglement of the iris in corneal wounds, to pigmentation of the cornea, to morbid growths arising from it, and to the pathology of conoidal cornea, and then passed on to a description of the vitreous humour.

In the vitreous humour of the adult the traces of structure are scanty and indistinct, conveying a very imperfect idea of its anatomical composition; but in the fœtus its formed elementary parts are recognisable without difficulty, and their combinations are easily made out; so that we naturally turn to embryology for aid, and this, as in so many other instances, explains points in the anatomy of the adult organ which would otherwise remain unintelligible. At about the fifth month the vitreous consists of a web of delicate fibres, the meshes of which contain a

viscid, structureless substance. Throughout this tissue, in chromic-acid preparations, are numerous bright globules, which are shown by high powers to have no definite relations to the fibres, and which are supposed by the lecturer to be artificial products, resulting from the action of the chromic acid on the interstitial albuminous substance. Besides the above elements there occur, in the fœtal corpus vitreum, other elementary parts of the highest physiological importance, large nucleated cells which are most abundant upon and near the hyaloid capsule, and around the central canal, but which are also found throughout the whole organ. Most of them have a simple round or oval shape; some are fusiform or branched. All are distinctly nucleated, and their diameter ranges between $\frac{1}{1000}$ and $\frac{1}{500}$ of an inch. In the adult, the fœtal fibrillar net steps into the background, although it does not wholly disappear; but the most important constituents, beyond all doubt, are the large nucleated cells. These persist through life, and are the starting-point of many of the morbid changes to which the organ is subject, such as the various flocculi and films which from time to time are seen in it. The vitreous humour offers greater advantages than even the cornea for the study of these phenomena of cell life which manifest themselves in structural change. The nucleated embryonic cells which dot the hyaloid membrane at every age are endowed with an extraordinary formative energy, normally latent, but promptly responsive to an appropriate stimulus, the nature of which determines the dynamical direction that this energy takes; tending, in one instance, to the evolution of a granular tissue, in another instance to the formation of pus, in a third of fibrine or sarcoma, and so on. Anatomically, this excessive formative energy manifests itself principally either by remarkable extension and fission of the cell-wall and contained protoplasm, or by inordinate proliferation of the nucleus. The former produces a fibrillated tissue, the latter a process of suppuration. The lecturer added that he had not yet traced out the development of cancer and allied neoplasms in the vitreous; but he entertains little doubt that the process is essentially similar to suppuration.

The second lecture was devoted to the anatomy of the iris and choroid; and the lecturer, in describing the muscular fibres of the iris, referred to the chloride of palladium as being one of the most useful chemical agents for their demonstration. The iris should be placed in a solution containing from one-fourth to one-eighth per cent. of this substance, until it acquires a deep straw tint. The chloride hardens the tissue without making it so granular and opaque as chromic acid does, and it beautifully preserves the nuclei. With this reagent the demonstration of the muscular fibre is easy and certain in the eyes of white rabbits, where it is unobscured by the pigment which conceals it in human eyes. For the demonstration of the nerves he strongly recommends osmic acid. If the iris be placed in a solution of this acid containing about one-fourth or one-half per cent., for about twenty-four hours, we get the nerves blackened, and the muscular tissue only slightly stained. Stronger solutions are not so useful as the weak ones, because they blacken more, and less discriminatingly, and if the preparations are left a little too long in them, everything becomes black alike, and undistinguishable.

Our space does not permit us to publish the minute description of the anatomy of the uveal membrane, and of the distribution of its nerves and bloodvessels, and this description would hardly admit of being condensed.

The conclusion of the lecture was devoted to the consideration of diseased conditions. The large number of nuclei, or masses of germinal matter, in the stroma of the iris, and the abundant blood-supply, are circumstances that make inflammation of the tunica uvea one of the commonest of the internal inflammations of the eyeball. In iritis, the cell growth is often so excessively active, that large accumulations of nascent granulation-tissue are formed. Such are the so-called beads of lymph with which most surgeons are familiar. They are not masses of exudation adhering to the anterior surface of the iris, but masses of young cell-tissue, evolved in the substance of the iris, and not essentially differing from a periosteal node, or a subcutaneous gummy tubercle. Free exudations also occur, not only as an albuminous coating to the inflamed iris, or as shreds floating in the aqueous humour, but also as the yellow, fibrinous coagulum which constitutes the condition known as hypopyon.

The lecture terminated with a brief account of the morbid products developed from the choroid.

The lectures were not only illustrated by numerous diagrams and microscopic preparations, but also by the rapid and skilful drawings of the author on the black board,—drawings so rapid and skilful, and so fully explanatory of each successive structure described, that it was impossible to do other than regret their brief and perishable character.

MR. LE GROS CLARK'S LECTURES ON SHOCK AND VISCERAL LESIONS.

LECTURE III.

INJURIES of the neck and throat formed the subject of Mr. Clark's third lecture. The diagnosis of wounds of the air-passages, he remarked, is easy. In cut-throat it is usually the upper part that is opened,—rarely the trachea. The hæmorrhage in such cases is often severe, especially when the wound is in the neighbourhood of the hyoid bone, and to arrest it Mr. Clark has twice had to tie the common carotid. After the first few days the chief danger is from the lung mischief that frequently follows. The amount of shock varies considerably, and is greatly influenced by the previous mental state of the patient. It may be trivial when the wound is the result of pure accident; while in suicidal wounds, where the previous moral depression has been great, death may result from pure shock. In one of Mr. Clark's cases, though there was not much hæmorrhage, the temperature fell to 91° an hour after the injury had been inflicted. Sometimes bodily suffering is the motive for suicide; in one case it was an intense precordial pain, really dependent on a commencing attack of pericarditis, of which the patient ultimately died.

Scalding of the fauces and throat in young children is attended by a considerable amount of shock, and may be fatal from swelling of the glottis, or, more frequently, from the subsequent pneumonia. Mr. Clark is sceptical as to the beneficial results of tracheotomy in such cases. He believes by far the most common cause of death to be inflammation of the lungs, produced, not by extension of inflammation to them, but by nervous shock, causing congestion and its consequences, through the influence of the sympathetic and the pneumogastric. He cannot regard tracheotomy as an unimportant operation in a child, or as expedient except under the most urgent circumstances. The dyspnœa for which it is performed is partly dependent on the state of the lungs, and may be relieved by poultices, &c., when tracheotomy would be fatal. In many cases operated on, the pulmonary changes which are the immediate cause of death may be referred with more show of reason to the operation than to the original lesion.

The impaction of foreign bodies in the air-passages is not very common. Not more than two or three such cases have been under treatment in St. Thomas's Hospital during the last forty years. The symptoms vary according to the position of the foreign body. The inflammation excited by its presence often proves fatal when the obstruction to respiration does not.

After alluding briefly to the subject of foreign bodies in the pharynx and œsophagus, Mr. Clark concluded by drawing a parallel between injuries of the brain and lungs. Both organs are contained in cavities which may be fractured, and that without injury to the contents; both organs suffer injuries of the same kind—concussion, laceration, extravasation of blood, &c. The vicarious performance of function dependent on the duality of each organ is more effective in prolonging life in lesions of the lungs than of the brain; but the relative mortality in either instance is due rather to the facility with which the disintegrated tissue and the products of inflammation are discharged from the chest than from the skull. There is a greater tendency in the lung to the limitation of the morbid action to the proximity of the injured part; in the brain the fatal issue from secondary causes is almost invariably the effect of the extension of inflammation, and consequent disorganisation of tissue, involving some immediately vital part of the encephalon.

THE LANCET.

LONDON: SATURDAY, JUNE 19, 1869.

WE have already said enough to show that the General Medical Council will have sufficient work to do, and temptation enough to talk, at its approaching meeting. Its wisdom and its power will be tested by the great subject of professional education, which, in the opinion of some, is actually less efficient now than it was before the Council existed. We say not in our opinion; for we see in the principal resolutions of the Council a desire to make education practical and clinical, and changes to this effect in the examinations of the most faulty boards have actually been made under the moral influence of the Council. That the Council has not effected more in this direction than it has done is because its power, and not its will, is limited. And one of the reasons why, in our opinion, the Council should reconsider its Medical Acts Amendment Bill at its approaching meeting is, that it is seriously deficient in power to enforce its own views. The Council is held responsible for the medical education of the country, and is freely blamed for all the defects in it; and meanwhile all the evils of numerous and various licensing boards in vulgar competition with each other continue, and are only very imperfectly controlled by the recommendations of the Council.

Not only is the question of professional education to come before the Council in full force at its meeting, but the subject of preliminary education also. The Council, at its last general meeting, remitted to the Branch Councils this most important matter for them to consider and report upon. The disclosures made from time to time of the general education of those presenting themselves for examination at the licensing boards are not encouraging. And, as far as our information goes, the latest facts brought before the Council do not show that the preliminary education of candidates is at all satisfactory. Only three bodies, we believe, have returned accounts of their preliminary examinations. We still hear, in connexion with the preliminary examination of one of the most important bodies in the country, of bad spelling, and of answers which frequently show an absence of all real knowledge of the subjects in which the candidates are examined, and of candidates passing who really should not have passed. No doubt this is largely explained by the discreditably imperfect state of our school system. But the Medical Council can scarcely wait for the slow effect of an improvement in this. It must take some special means of ensuring that each candidate, before entering the profession, has such an education as befits a professional man, who is expected to figure creditably in society, and who has to study phenomena the most subtle and intricate, and apply an art at once the most difficult and urgent. Well, this subject will come before the Council. There has generally been a desire on the part of its members to leave preliminary education, or rather the ascertainment of it, to the examining boards of the national educational bodies recognised by the Medical Council. Last year there was a general feeling in favour of the appointment by the Council, or by its several Branches, of a special board for this purpose. The reports of the Branch Councils on this suggestion will fall to be considered in July. The great evil of the present system is the number of preliminary examinations, varying in value and severity. Not only would the establishment of a special board in each division of the kingdom equalise and elevate the standard of preliminary education, but it would tend to clearly divide preliminary from professional education, and so leave more completely at liberty the time allotted for purely practical and medical studies. It is obvious, for various reasons, that the Council cannot supervise examinations in preliminary education, and there is very much to be said for instituting efficient and independent boards. But here, again, the power of the Council is very limited. It is not clear that the Medical Act empowers it or its Branches to establish boards for this most important purpose. It might recommend the licensing bodies to do so; but it were better for such boards to be perfectly independent of these, and a mere recommendation of the Council, we know too well, is not sure to be regarded.

THE announcement we have lately made, that the members of an hospital staff in Ireland are not only colleagues in professional work, but also co-partners in a lucrative business in the sale of appointments to the vacancies in their own body, while it has taken the profession in England by surprise, has fallen upon our Irish brethren with the tameness of a thrice-told tale. We are not without hope, however, that we may yet succeed in arousing them to take interest in the suppression of a practice that we cannot but characterise as thoroughly vicious in principle, and quite certain to lead, in actual fact, to very deplorable results. Our attention has been called to the evidence given by Dr. (now Sir DOMINIC) CORRIGAN in 1843, before the Parliamentary Committee for inquiring into Medical Charities; and we reproduce a portion of this evidence (the whole being very voluminous) in order to show the extent to which the custom prevails. To question 2470, "Have you any objection to state the cause of your resigning your situation [as physician to the Jervis-street Hospital]?" the witness replied, "Not the slightest: a consideration of money received from Dr. NELIGAN." To question 2471, "Is the practice of the person going out receiving money from the person coming in still continued in Jervis-street Hospital?" the witness replied—

"Yes, and in a great number of the other hospitals; and, I should observe, there is the same practice both in the hospitals of Dublin and in many of the public institutions connected with teaching. ..... There is an hospital—for instance, Baggot-street Hospital—in which this is carried much further; for not only are the places bought and sold, but the property of the hospital is vested in the medical officers. That is an hospital connected with the College of Surgeons, and to which Dr. Harrison has been a surgeon. In that hospital the places are regularly bought and sold; for instance, Dr. Harrison bought his place in it—gave a sum of money for it;—and when quitting it, having sunk

a sum of money in it, he got a sum of money for his resignation. My predecessor, Dr. Crampton (I had not this from himself, but from pretty good authority), bought his place in another institution in Dublin, on a resignation. In the Meath Hospital the same thing has been practised. I have it from Dr. Graves that he bought the resignation of Dr. Harkan. Mr. Wilmot, the present professor of surgery at the College of Surgeons, and surgeon to Steevens' Hospital, sold his place to Mr. Ellis. Dr. O'Beirne, who is President of the College of Surgeons in Ireland, and Vice-President of the Medical Association of Ireland, sold his place to Dr. Lynch, in Jervis-street Hospital. Now, those are instances perhaps enough; but I could go on with others."

In the Report of the Poor-law Commissioners to Parliament, in 1841, on the Medical Charities of Ireland, we find the following statement of the manner in which a medical officer would be appointed to a new fever hospital:—

"When the hospital is nearly erected, a day is fixed for the election of a medical officer, on the evening previous to which seventy-one persons become subscribers, and are known to the treasurer to be favourable to a particular candidate. The treasurer informs an opposing candidate of this circumstance. The subscribers assemble at the hour appointed for the election; and whilst it is being held, the treasurer gives that candidate one hundred blank receipts for a guinea each. The candidate fills up as many of these as he knows will be required, inserting the names of poor persons, who come in by his direction to vote, and the election is carried in his favour."

If we turn away from the picture presented to us by the foregoing quotations—a picture in which only the names of the characters need be varied in order to make it an accurate representation of the doings of the present day,—and if we think of the eminent men who in France have risen to fame from comparative or even actual poverty by the aid of the system of *concours*,—we shall begin to realise how deeply the profession in Ireland has sinned against the best interests of its own members and the best interests of humanity. Few things are more common in England than for the orphan sons of a medical practitioner to be just launched in their father's calling; and anyone having large knowledge of the profession could point to men, even in its highest walks, who in Ireland must have pined in obscurity for want of the necessary means to enter upon the paths that lead to distinction. The interposition of a mercenary obstacle in the way of attainment of hospital appointments seems to us to be equally alien from the spirit of our noble calling and from that of Irishmen; and the system we have sketched should surely have flourished, if anywhere, on the more thrifty side of the Tweed. We have referred already to the arguments by which the practice is defended by those who have profited by it; and it is hardly necessary to repeat that these arguments will not bear serious examination. One of them, for example, is, that the man who can afford to pay money has probably received a better education than he who cannot. Of course this does not follow; but, over and above the *non sequitur*, it is a matter of common observation that the young professional man with a small competence is deprived of one of the greatest of all stimulants to exertion, and that he very frequently lapses into habits of indolence and self-indulgence, from which comparative poverty would have saved him. The worship of money, in all ranks, has of late years assumed an intensity and a prevalence never before known; and we trust that our Irish brethren will enable us, before very long, to congratulate them on having made a stand against it—at least in this one particular,

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HAVE any of our readers heard of the Monera? If not, we will illuminate them by giving a sketch of the lowest forms of animal life that have hitherto been discovered, and to which the above title has been applied by Prof. HACKEL. It is not long ago that the Amœba was held to be the simplest existing organism; and indeed the naturalist and the microscopist may well ask what can be simpler than a particle of animal jelly no bigger than the point of a pin, unenclosed by membrane or cell-wall, and in which a nucleus and a contracting vesicle, or vacuole, can alone be seen? Surely this is the extreme of simplicity. But as we are told that in the lowest depths there is still a lower deep, so in these rudimentary organisms successive grades are found, each of which is complex, and might be regarded as a superior being to the one below. The presence of a nucleus and of a rhythmically contracting vacuole constitute such marks of superiority in the Amœba, when compared with the class of creatures we are about to describe. Their presence indicates a rise above the dull dead level of homogeneity, and for aught we know an amœba may congratulate himself on his superiority in structure and energies to the *cassille* moneres around him. At any rate he takes advantage of it. The beings in question were first noticed by HACKEL during a visit to the Canary Islands, where he found one form, the *Protomyxa aurantiaca*, cleaving, in the form of just perceptible red dots, to the shells of a certain cephalopod. On examining these red spots with the microscope he found that they consisted of a reddish finely-granular spherical mass, enclosed in a transparent homogeneous capsule. "Why this was an egg," some will exclaim. Not at all; for (note the differences) in the first place it contained no germinal vesicle, spot, or nucleus; and secondly, its subsequent changes were totally opposed to that assumption. It was the animal, if animal it is to be held, in a state of repose, quiescent, encysted. After a time the finely-granular orange-yellow mass breaks up into a mass of smaller balls, like shot in a spherical cartridge, not, however, by continuous division, but as though many centres of attraction had simultaneously formed, none of which, however, have any cell-wall or membrane around them. By-and-by the capsule bursts, the spheres stream out of the rent, and in doing so assume a tadpole-like shape, the head remaining globular, the tail fining off to an invisible point, and the whole wriggling, lashing, and wandering through the surrounding water. Soon the movements become tardy, and the creature settles down to commence a new stage in its existence. It retracts the ciliary appendage or tail, and shoots out irregularly-pointed and dentated processes, termed pseudopodia, from all parts of its circumference. These seize on minute diatoms, radiolaria, and the like, and, though themselves consisting only of a matrix, with a fine mist of granules scattered through it, rapidly appropriate the softer structures of such organisms. When well supplied with food they

rapidly grow, forming dendritiform processes, and fingers which creep slowly from point to point. The granules present in the protoplasm enable the eye to perceive that active movements are taking place in the semi-fluid substance of which it is composed. When a fresh supply of aliment, a delicate morsel, is met with, a rapid stream sets in to that point, and the sarcode, creeping onwards—to compare great things with small—like an avalanche, overwhelms and invests the victim. The juices sucked out, the exuviæ are thrust out or left behind as the creature advances in its destructive course; for it envelops, perhaps after rendering helpless by stinging, animals far more active than itself, and no armour is so close that this subtle sarcode cannot penetrate. When it has attained considerable size, vacuolæ or clear spaces form in it; and after a time it probably again becomes encysted, to rise again, like a phœnix, if not from the ashes, at least from the grave of its former self. Our space is limited, or we would have added a few lines descriptive of Professor HUXLEY'S Monera, if he will allow us to call it so, the Bathybius Hæckelii, that cleaves to the sounding apparatus as it rises from the profound of 2000 fathoms, from darkness and silence to light and life and sound, a similar fragment of jelly, but capable of forming a few spicules and shell-like discs of calcareous matter, the first effort after the procurement of food being thus the formation of a skeleton or a support to its yielding body—the first stage of that wonderful series of processes which ultimately result, as so many culminating points, in those forms we call the heads of classes in the vegetable and animal kingdoms.

LAST week we made mention of a rumour that had reached us, to the effect that a desire was entertained by certain members of the staff of St. Mary's Hospital so to rearrange the professional and professorial work that the ophthalmic and aural departments may be conducted by some of the present officers, in addition to their actual duties; and we briefly referred to the objectionable character of such an arrangement. We have since been informed, not only that the rumour was well founded, and that the desire is seriously entertained, but also that a scheme for its accomplishment will be submitted to the Medical Committee for approval, in order that, if approved, it may be submitted also to the Board of Governors. According to the information that reaches us, there are many members of the staff who are averse to the proposal, and who see its impropriety and impolicy, but who do not care to place themselves in a position of direct antagonism to its promoters. It is even said that some of the physicians entertain an idea of escaping from this dilemma by an attitude of neutrality, on the plea that the question concerns only the surgical department. We hasten to express the opinion that this view is untenable; and that the question really concerns not only the prosperity of the school, but also the fulfilment of the implied engagement, on the part of the whole staff, to provide the best attainable teaching power for the benefit of the pupils. The time is quite gone by in which the arrangements of an hospital and of its school could be settled in private *camera*; these arrangements are now held to be matters of public interest, affecting as they do the preparedness of future practitioners for their duties, and thus affecting both the dignity of the profession and the advantage of the community. If once the principle be admitted that the efficient teaching which may be secured by division of labour is to be sacrificed for the gratification of personal interests or private wishes, there can be no doubt that the school would enter upon a downward course. If we disregard for a moment the simple right of the case, and look at it only from the level of the barest expediency, St. Mary's Hospital has not yet had time to win a prestige that might enable it for a period to bid defiance to professional opinion. And when we consider the daily increasing importance of ophthalmic teaching,—not only on the ground of the importance of the function involved, but also because the eye is the organ in which all morbid processes may be with the greatest exactness investigated, followed, and understood, and which, therefore, contains the key to many of the most obscure problems in general pathology, as also when we consider the position that the ophthalmoscope may hereafter take as an instrument of general diagnosis,—we are forced to the conviction that the ophthalmic surgeon to an hospital should not only be a fair representative of the present state of knowledge in his department, but that he should also be in a position to give his time very freely, and to an extent scarcely required from any one of his colleagues, to the duties that he undertakes to discharge. The aural department affords a case, perhaps, equally strong; but on the different ground that the surgeons qualified to teach in it could almost be counted on the fingers of a single hand. We trust that these considerations will prevail with the members of the Medical Committee, and that the scheme to which we have referred will be either rejected or withdrawn. If it were carried, and submitted to the General Board of Governors for their ratification, it would become our painful duty to appeal to them against a resolution of their medical staff. We should not only invite their attention to some other aspects of the question, but we should also suggest that they should seek, from every member of the staff individually, a written opinion upon the subject, with a statement of the grounds upon which the proposed "amalgamation" could be recommended or justified. In the face of such a requisition, we cannot doubt that the project would lose any plumes with which the ingenuity of its inventor might in the first place seek to conceal its nakedness; and that it would stand revealed as an endeavour to use a responsible position for the furtherance of personal objects.

WE printed in the last number of THE LANCET a correspondence between Mr. POLLOCK and Mr. BERKELEY HILL, in which the former gentleman, with great force and propriety, pointed out the highly objectionable character of the electioneering circular lately issued by the latter in support of Mr. ERICHSEN'S claims to a seat in the Council of the College of Surgeons. We had, indeed, intended ourselves to comment last week upon Mr. HILL'S very remarkable production, but abandoned this intention, in obedience to the requirements of space, in order that Mr. POLLOCK'S letter might appear. To the special case it is no longer

necessary to refer, except to express a hope that Mr. ERICHSEN may not be deprived of votes in consequence of the irritation produced by the presumptuous advocacy of his injudicious adherent. We fear, however, that Mr. BERKELEY HILL has not been the sole offender, and that much private canvassing has been carried on, both recently and on former occasions, by some whose years and experience, if sufficient to qualify them to advise, should also have taught them not to advise unasked. In an election like that for the Council, with a highly educated and intelligent constituency, the limits of proper canvassing are very plain and easily defined. It is perfectly right that the candidates should themselves set forth their opinions on the questions of the day. It is inevitable that they will also directly appeal to their own personal friends for support by reason of friendship; and it is likely that these friends will, in turn, exert themselves in the same way with others. It forms part of the duty of a public journal to point out who are the best men on public grounds, even if only to afford scattered reformers an opportunity of concerted action; and, in like manner, if any association of Fellows were formed to promote any particular movement, it would be the duty of such an association to select the candidates that its members should combine to support. But when we get beyond this, and when individual Fellows write to others with whom they have no acquaintance, or only slight acquaintance, to ask for a vote in favour of A or B, such canvassing must be either impertinent or immoral. If the application be professedly based on public grounds, it is impertinent,—because the Fellow addressed is not only capable of deciding about these grounds for himself, but possesses the right of doing so as the sole privilege that his grade in the College bestows upon him. If the application be based on private grounds, it is immoral,—because it asks the elector to disregard, in the discharge of an important trust, the dictates of his own reason and conscience, and to be swayed by private solicitation. There are many men in high places in the profession whose relations with less conspicuous Fellows are such that the latter would feel some difficulty in resenting liberties taken by the former, or in refusing requests made by them. We wish, therefore, distinctly to point out the character that private canvassing must assume, and the aspects under which it should be regarded; and we appeal to professional opinion to assist us in the abolition of the nuisance. We greatly wish that the Council would itself pass a resolution condemnatory of the practice, which probably, after all, tells as much in favour of one candidate as of another, and would leave their relative positions unchanged if it were discontinued. In the meanwhile, although, we fear, with perfect absence of design, it is probable that Mr. BERKELEY HILL has done something to promote the reform we seek. Private canvassing was always wrong, and he has now succeeded in rendering it ridiculous. It is more than possible that his success may prove to be a distinct step towards its abandonment.

THE late Mr. T. Brown, of the well-known publishing firm of Longmans and Co., has, by his will, left legacies of £300 each to the Royal Free, St. Bartholomew's, St. Mary's, St. George's, and the Cancer Hospitals.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS ELECTION.

IN the last number of THE LANCET we published letters from the retiring members of the Council of the College of Surgeons, Messrs. Solly and Adams, and also one from Mr. Erasmus Wilson, in answer to a letter from Dr. Morris of Spalding; which correspondence, in addition to the letters which have already appeared from Mr. Gay, Mr. Lee, and Mr. Erichsen, places the views of the several candidates fairly before the electors.

It appears, then, that Mr. Solly and Mr. Adams, the retiring members of Council, decline to give any expression of opinion, or to commit themselves to any pledges, as to those reforms in College matters which are looked for by the Fellows at whose hands they seek re-election. Mr. Solly would, if re-elected, in all probability become President next year; and it cannot be thought satisfactory that a gentleman who looks forward to filling this all-important post should decline to give any statement of his views. We are tolerably accustomed, it is true, and never more than at the present moment, to see presidents of the College forgetful of their own letters; but still it is satisfactory to know what their "earlier aspirations" have been. If Mr. Solly rests his claim for re-election solely on what he has "done for the advancement of anatomy, physiology, and the practice of surgery," we fear he is trusting to a broken reed, though we do not propose to discuss these questions at the present moment. It will be sufficient to recapitulate Mr. Solly's College services to show that he has already enjoyed an unusual share of its patronage. Mr. Solly was elected to the Council in 1856, and re-elected in 1861. He was Professor of Anatomy and Surgery in 1862, and might have held office longer had he thought fit; he became an Examiner in 1867, and will, we presume, in pursuance of recent precedent, enjoy that office for ten years.

Mr. John Adams adopts that bland method of dealing in generalities which is so characteristic of the well-trained politician, and leaves its propounder free to pursue his own sweet will when occasion offers. A former letter of Mr. Adams' (THE LANCET, July 6th, 1861), written at the time of his candidature in opposition to Sir William Fergusson, is scarcely more reassuring, and we shall quote a couple of passages to show how firmly that gentleman is attached to the *status quo antea*. "Being the *next by seniority* on the list of the London Fellows, I should not have advanced my name at the present election had I not been informed that two gentlemen, my juniors, had sent in their names as candidates for seats at the Council. Under these circumstances it was obviously *my duty, in self-defence*, to put myself forward on the present occasion." We have italicised a few words, in order specially to call attention to the ideas that *seniority* is the great claim, and that senior Fellows have a vested interest which they are bound to *defend!* It appears to us, on the contrary, that the Councillors of the College are merely the trustees of the Fellows and Members, and liable to removal at their pleasure. Mere seniority has proved of late years no recommendation to the post of Councillor; and, besides, Mr. Adams became an Examiner last year, and is already, therefore, in the enjoyment of those rights upon which he so forcibly insists, and may well rest contented on his laurels.

Mr. Wilson's answer to Dr. Morris's interrogatories are, we are glad to see, sufficiently satisfactory. Mr. Wilson, though never on the Council, may almost be classed with

the retiring members as regards experience of elections, since his first appearance in the field was in 1865; and it says something for his pertinacity, if not for his success, that he should be "fighting his battles o'er again" in 1869. With slowly increasing numbers of supporters, success must, we suppose, be attained in process of time; but we do most sincerely regret that Mr. Wilson should have come forward at the present moment, when the professorship of which he is the founder is still in the gift of the Council of which he is seeking to become a member. This is clearly contrary to the view so generally entertained, that Councillors should not vote upon matters concerning themselves.

CRIMINAL LUNATICS.

OUR contemporary, the *Solicitors' Journal*, has taken umbrage at our expressions in a recent article upon the responsibility of impulsive or emotional lunatics for crimes. We must state, in the first place, that our strong reprehension of the manner in which certain literary lawyers are accustomed to deal with this very serious question was not at all aimed at the writers in the *Solicitors' Journal*, though there have been many articles in that otherwise excellent periodical which we have greatly regretted. Our censures were, in fact, mainly prompted by the recollection of a series of most cynical, and, we must say, revolting diatribes, which have from time to time appeared in the columns of an influential journal, which, though its writers are in large proportion lawyers, is addressed to the general public. But although we acquit the *Solicitors' Journal* of the cruel frivolity which has disgraced much of the pleading of our opponents on this question, we cannot say much for the logic of its arguments. To a large extent its recent article is a mere "beating of the air," for there was certainly no need to reiterate, what everyone knows, that in the present defective state of the law, impulsive lunatics, who "can distinguish between right and wrong," may be legally punished for crimes committed during an insane paroxysm; nor did we, on the other hand, ever dream of introducing into this controversy questions of responsibility to the Divine Being. What we, of course, do mean is, that the law ought to be altered. Our contemporary professes itself willing, and even anxious, to consider any sound medical arguments tending to demonstrate the need for change; and yet it commits the signal fault of basing all its objections to change upon a huge *petitio principii*, as to a matter on which medical men, who alone can know the facts, would immediately contradict their assumption. The only justification for punishment, says the *Journal*, is its deterrent effect; and that deterrent effect certainly is manifested in the case of impulsive lunatics. That is exactly what we deny, if the statement is to be made general. It is true enough that emotional lunatics can sometimes be cured of their minor bad habits by the fear of punishment; and with some recollection of having heard this somewhere, our contemporary has leaped to the conclusion that, *a fortiori*, the tendencies of these patients to sudden crime can be controlled in this way. This is absolutely the reverse of the fact. Every physician of large asylum experience knows that there is a considerable group of patients, of whom certain epileptics may be taken as the type, who are in the following case. They are not subject to any delusion, and the stranger conversing with them, even repeatedly, in their calm moments, would probably fail to detect the slight (but really important) intellectual and moral defects from which they suffer. Their *slighter* faults of habit or temper can be readily corrected by judicious control. But in that curious occasional state known as the epileptic fury, and in some other analogous conditions, along with a special tendency to commit some of the worst outrages, these patients have an entire want of impressibility by the fear of punishment. Such a patient, precisely, was the convict Bisgrove, whom the lawyers tried so hard to hang, and whom the doctors saved; and we recommend our contemporary to reflect with some care on the question whether it might not be as well to bring the law into a state in which the possibility of such a horrible scandal as nearly occurred in this case might be rendered legally impossible, instead of its prevention being left to chance.

HOW INFECTIOUS DISEASE IS SPREAD.

FROM the *North Wilts Herald* we extract the following particulars of a case which was brought before the Highworth and Swindon guardians at their board meeting last week, and which adds another example to the accumulated evidence, showing to how great an extent the spread of infectious disease is the result of sheer ignorance, carelessness, or neglect. On Tuesday, the 1st of June, a man who had been travelling about the country for some three weeks, came to Wootton Bassett, and slept the same night at a lodging-house there. Next morning he went to the house of the union medical officer, Mr. H. Cooper, in the town, and told him he thought he had the itch. Mr. Cooper said he had got small-pox, and that he must go to the relieving officer. What followed will be best described in the man's own words:—

"I went to the relieving officer. I said, "I have got a very bad complaint about me, and want some relief." The relieving officer said, "I will go to the doctor's with you." We went there. The doctor gave me a bottle of medicine, and I was to take that on the road with me. The relieving officer said to me, "Make your way towards your parish." He gave me a penny, saying it would buy a cake on the road. On leaving him he said, "I hope you will get safe home." I came to Swindon, and applied at the relieving officer's house about one o'clock. The relieving officer's wife sent me to Mr. Gay, and I was immediately sent to the pest-house."

The Swindon relieving officer states that when the man came to him he could scarcely walk. Now, according to the 38th section of the Sanitary Act, "Any person suffering from any dangerous infectious disorder who wilfully exposes himself, without proper precautions against spreading the said disorder, in any street, public place, or public conveyance, *and any person in charge of one so suffering, who so exposes the sufferer*.....shall, on conviction of such offence before any justice, be liable to a penalty not exceeding £5." Supposing the facts above to have been correctly stated, it is clear that the Wootton Bassett relieving officer was the "person in charge" of this small-pox patient, and that in sending him away to his parish (several miles from Wootton Bassett) he was "exposing the sufferer" without taking any precaution whatever against spreading the disorder. It is of course impossible to say what harm may, or may not, have been done by this free transit of an infected person through villages and towns, nor is it necessary to prove that bad results have followed in order to establish an infraction of the law. The public safety demands that so salutary a provision as that which has been devised specially to protect the public against infectious disease shall in all cases be rigidly enforced, and we hope to learn that the Wootton Bassett relieving officer has been taught a lesson that will make him understand what his duty is in respect of infected persons coming under his charge in future. Such a lesson appears to be necessary, for we gather from the *Herald* that the present case of small-pox is not the first which has been passed on to Swindon from Wootton Bassett.

Of the extreme necessity which there is that local authorities everywhere should be unceasingly watchful to prevent the diffusion of small-pox, we have another illustration in a

case lately heard at the Southwark Police Court. A man was brought up for keeping a common lodging-house and neglecting to register it. The informant, a sergeant of police, stated that in this house he found in one room two men sleeping in one bed, while in another bed was a youth eighteen years of age "almost blinded with the small-pox." In another room was a son of the defendant, lying in bed and "sickening with the small-pox." It is useless to twit the medical profession with its inability to eradicate disease, so long as legislation fails to prevent infected persons from mingling freely with their fellows.

UNIVERSITY OF LONDON ELECTION EXPENSES.

THE Senate of the University of London recently addressed the Treasury for information as to the payment of the expenses incurred in the election of a member to represent the University in Parliament. It received a reply intimating that, without having communicated with the present member, Mr. Lowe, the Treasury was of opinion that the amount of the expenses in question should be charged against the vote for the University of London in the appropriation account to be rendered to the Audit Department. The Comptroller-General has, however, stated that it will be his duty, as required by Section 32 of the Exchequer and Audit Act, to call the attention of the House of Commons to this payment, as not properly chargeable to the grant, from the circumstance of the money having been expended for purposes not contemplated by Parliament in giving a grant to the University. It is likely, therefore, that the expenses may have to be defrayed, as it seems to us they should be, by the candidates for the representative seat. The Comptroller-General does not express any opinion as to the source whence the cost of an election should be defrayed. He, however, supports the view which he takes as to the objection to pay the expenses out of the grant to the University by a reference to the case of the Scotch Universities, for in this instance it is provided by the 40th section of the Scotch Representation Act that the University shall not bear the cost of an election. It seems only just that the candidates should bear the moderate expenses to which they might be put by a contest for an honourable position in which "voting papers" do all the work.

UNPROFESSIONAL ADVERTISING.

WE have recently on more than one occasion been compelled to call attention to the course pursued by certain medical men of standing in parading their works before the general public in a manner which is generally regarded as unprofessional. At first calling only attention to the subject, we then proceeded to indicate in general terms the medical practitioners who transgressed the broad rule of medical etiquette, and lastly were compelled, in fairness to those who had paid attention to our former warnings, to name a gentleman whose advertisements had been continued up to that time. We are happy to note that our last extreme measure has produced the desired effect, and that the past week has been noteworthy for the absence of the public announcements of which we complained. We propose now to consider the whole question of medical advertising apart from personal considerations.

In the first place, we will quote from the pages of THE LANCET of a date so remote as June 22nd, 1861, the following sentences bearing on the question:—"The object of advertising is to attract the especial attention of the general public. The means of attraction consist in putting forth statements which lead those who read them to believe that the advertiser is in some way or other superior to his fellows, and therefore a person to be especially patronised. Where trumpeting is in vogue, the loudest trumpeter has the best chance of being heard. When everybody is saying something to recommend himself, it is necessary to say very startling things to invite notice. An advertisement affords no test of a man's ability, of his truthfulness, or of his honour. It levels rogues, fools, and sages." We maintain to the full the truths thus enunciated; and we still believe that as "good wine needs no bush," so a good physician or surgeon can need no extraneous commendation to the public beyond that of his own connexion, his pupils, and his patients. It is, unfortunately, not sufficient now to write an exhaustive treatise on a subject, and leave it in the hands of the profession; but the author must needs bring out an epitome of the same subject in a popular form, and advertise it constantly in non-medical papers. A system of wholesale garbling of reviews exists, also, by which every author is made to surpass his fellow. Let a review be as unfavourable as it may, it is always possible for an ingenious composer to bring together laudatory sentences which were originally far apart, and from the context had a different meaning; and this in such a way that the original reviewer would hardly know his own work. As regards advertisements of medical works in non-medical journals, we believe the following rules, if generally adopted, would at once put a stop to the scandal which at present exists within the profession. 1st. No work should be advertised with the author's name and titles placed before the title of the book itself. 2nd. No review or opinion of the value of the work or the treatment recommended should be appended to the advertisement. 3rd. The work should be advertised by the publisher with his other works, and never in the column devoted to quackery. 4th. The frequency of the advertisement should be strictly limited to such publicity as a medical publisher would afford a medical work which was his *own* property for the purposes of *bonâ-fide* sale.

A custom, we believe of modern date, obtains, we understand, in the waiting-rooms of certain physicians and surgeons, of laying copies of the proprietor's works upon the table for the benefit of waiting and expectant patients. This is a form of quackery of the grossest description,—only slightly removed from the distribution of handbills by a servant in livery after the manner of the "anatomical museums," and we hope our passing allusion will suffice to repress it.

ON THE INJECTION OF AMMONIA INTO THE CIRCULATION.

AT the April meeting of the Medical Society of Victoria, under the presidency of Dr. Bird, Professor Halford read an interesting paper on the Injection of Ammonia into the Veins, with the object of demonstrating the perfect safety with which ammonia can be injected into the circulation, not only through the medium of the veins, but directly into the heart. Professor Halford detailed a series of experiments of a highly interesting character recently made by him, in which vital reaction had been shown to be the certain consequence of the employment of this alkali by injection. The "foolish temerity" with which the possibility of doing this safely had been denied by persons who had never attempted the experiment themselves was severely commented upon in the course of the discussion, and the value of Professor Halford's discovery was pointed out as bearing upon the treatment of all affections in which a powerful heart-stimulant is indicated; in proof of which Mr. Fitzgerald related a case of pyæmia, in which, though death eventually took place, life was considerably prolonged by ammoniacal injection. As a means of resuscitation in syncope from chloroform it was considered to afford a most

valuable resource, and Mr. Gillbee stated his intention of employing it on the first favourable occasion. Professor Halford's paper did not entertain the question of the manner in which ammonia acts in antagonising the influence of snake and other poisons. That part of the subject, he stated, he reserved for a future paper. A letter, however, was read by Dr. Neild, from Dr. Day of Geelong, in which the action of snake virus and other similar poisons was shown to be ascribable to their power of paralysing the sympathetic nerve, and the effect of the ammonia traceable to its intense power of exciting muscular contractions. Altogether, the discussion, and the replies it evoked from the author of the paper, were full of interest. The President, in offering some observations upon the subject, warmly complimented Professor Halford upon the practical nature of his discoveries, and congratulated the University in that to the professor of its medical school belonged the credit of giving to the scientific world these most interesting facts.

THE ARRIS AND GALE LECTURES.

WE have the pleasure of presenting our readers this week with abstracts of the very able and learned lectures upon the Minute Anatomy of the Eye, delivered in the theatre of the College of Surgeons by Mr. Hulke, F.R.S. These lectures deserve more than the notice which their scientific interest would secure them, since this is the first occasion upon which a separate course of lectures on Anatomy and Physiology under the Arris and Gale bequests has been delivered.

From the year 1800 to 1832 there was a College Professor of Anatomy, Physiology, and Surgery, the first being James Wilson, and the last Henry Earle; and in 1835, when Richard Owen became the first Hunterian Professor of Comparative Anatomy and Physiology, Edward Stanley was appointed Professor of Human Anatomy and Surgery under the Arris and Gale trusts. Twelve Professors held office under this arrangement; but last year a new plan was carried into effect, the Professor becoming the Hunterian Professor of Surgery and Pathology—at present Mr. Le Gros Clark,—and a Lectureship on Anatomy and Physiology on the Arris and Gale foundation being instituted.

It was felt, we believe, by many members of the Council that modern investigation and progress in science were not fairly represented in the College, and they were anxious to give young and able men who had been working at anatomy and physiology the opportunity of bringing their views forward. Mr. Hulke has, we believe, fully realised the expectations which had been formed respecting his lectures. He has shown how much modern research has done to clear up difficult points in the minute anatomy of one of the most important and complex organs of the body, and has, in our opinion, fully justified the institution of the lectureship, and the choice of its first incumbent.

THE SANITARY STATE OF MAURITIUS.

THE Report of the Acting Officer of the Civil Status (Dr. C. F. Edwards) for the year 1868 shows that the population of Mauritius still suffers to a very large extent from fever. The causes of the terrible epidemic which affected the island but two years ago are still active, although in a mitigated degree. Of 18,531 deaths from all causes in 1868, 10,923 arose from fever—3045 among the general population, and 7878 among the Indian. The total resident population of the island on the 1st January, 1868, was estimated at 382,805, of which number 209,298 belonged to the Indian class. Dr. Edwards briefly discusses the nature of the fever which now plays so lamentable a part among the maladies of the island. He points out that there is no good ground for the belief which has been expressed by some writers, that the so-called "Bombay fever" which has prevailed among the Indian population since 1858 is *typhoid*. "A careful study of this and other reports on the subject," he writes, "leads to this inevitable conclusion, that malarious fever has been endemic in this island for very many years, gradually increasing, but so mild in its character, except among the Indians, and so insidious in its progress, as apparently to have escaped detection, seldom becoming epidemic, and when so, never before 1866 appearing in the guise of an intermittent; and that Bombay fever is the most formidable type of the disease known in this island."

We are glad to learn, on the evidence of this report, that Dr. Edwards has returned to active duty. The service which he and other members of the profession living in the island rendered to Mauritius during the frightful epidemic of 1866 could not possibly be over-estimated. Utterly regardless of self, they not merely performed their duty in the face of extraordinary difficulties, but held their duty to be defined solely by the needs of the sick population and their own capacity for physical endurance. The result was that each, sooner or later, fell a prey to the epidemic, and hardly escaped with life, to suffer for months from miserably shattered health. Never did men carry out an important public duty with a more generous appreciation of the requirements of that duty, more self-denial, and at a greater risk of health and life. The immediate crisis to the colony has passed; yet we do not hear that the men who did so much for its welfare, at such a bitter cost to themselves, have received any public recognition from either the Home or the Colonial Government for the great services they rendered. It is a grave scandal that such neglect should be possible.

UNWHOLESOME FRUIT.

WITH the return of the fruit season we are glad to notice an inclination on the part of metropolitan local sanitary authorities to exercise their powers of inspection for the prevention of the sale of fruit which has become unfit for human consumption. In the streets of St. George's, Southwark, two men were found last week selling cherries perfectly rotten, and were at once taken before the magistrate, who ordered the destruction of the fruit. The defendants said they had bought seven baskets of cherries in the Borough market, believing them to be sound, but they turned out to be rotten. The market salesman only laughed at them when they took the rotten fruit back and asked to have their money returned, and as they could not afford to lose it, they were trying to make what they could of it. This shows the necessity for a vigilant inspection of the markets, so as to arrest the distribution of unwholesome fruit before it gets into the hands of the costermongers, who, as a rule, are a very poor and very industrious and deserving race, and who should be protected against the sharp practice of the salesmen as much as possible.

SMALL-POX IN MILE-END.

DR. CORNER, the medical officer of health for the hamlet of Mile-end Old-town, has reported to the guardians that small-pox is unusually prevalent in the East Ward, especially in the vicinity of Grove-street and Regent-street. He asked if an isolated room in the workhouse grounds could be set apart for the reception of such cases. In one house four inmates had been attacked, and two had died; and the repression of the disease could only be ensured by early removal from the crowded dwellings. The guardians replied that they had no suitable place. It is scarcely possible to find a better example of the weakness of our Poor-

law administration. The only possible place to which the small-pox patients could be removed is the Small-pox Hospital, which is at least six or seven miles away. The infection would be carried through scores of streets, and, as the average residence of patients in the Small-pox Hospital is not one month, they would be discharged long before the infection ceases. The process of propagation would, therefore, most certainly go on. Whereas, if we had something like a real central representative Government, we should have had a flying iron hospital ready to place at the disposal of the Mile-end guardians. Such hospital would have been erected on some open space in the very centre of the affected district, the infection would have been strictly limited to the locality, and the patients detained until completely cured. If nothing else be done, it is the duty of the Metropolitan Asylums Board to provide for such a case as this without delay,—the more so as the plan has been successful in Marylebone, and the expense will be comparatively trifling.

THE POOR-LAW BOARD STOPS THE WAY.

THE guardians of the Croydon Union some six months ago appointed the relieving officers to be prosecuting officers under the Vaccination Act; but before the relieving officers could have their appointments finally settled so as to commence their work, it was necessary that the consent of the Poor-law Board be obtained. Application was accordingly made to the Board for their consent to the arrangement; but no reply was sent to the application until quite recently, and, it would appear, only after the third, if not the fourth, request had been made for an answer. In this instance, then, it is quite clear that the Poor-law Board has obstructed the working of the Vaccination Act, although that Board professes to wish the statute to be actively enforced. In Croydon no steps were taken for six months, because the guardians could not get an answer to their letter. There would, we think, have been ground for complaint at this delay if the answer had confirmed the appointment; but, as the Poor-law Board have refused to sanction the appointments of the relieving officers to be vaccination officers, we think that, in order to save unnecessary delay in executing the Act, the Board should have been able to arrive at a decision on the matter in a space of time something considerably short of six months.

THE "IRISH TIMES" AND THE IRISH POOR-LAW BOARD.

IN advocating the Bill now before Parliament, the *Irish Times* made some important statements in reference to the health of the children in workhouse schools, which have, happily, attracted the attention of the Irish Poor-law Board. It was stated "that the great mortality of young children in workhouses had led to the introduction of the Bill for boarding out now before Parliament, and that scrofula and diseases of the eye have increased to such an extent that it is not now very easy to find a workhouse girl sound and healthy to send to service." The Poor-law Board have addressed a letter to the various boards of guardians, calling for a return of the number of children in Irish workhouses between five and fifteen years of age, with the mortality and the amount of scrofula and eye disease during the year ending the 25th of March last, distinguishing the cases of illness and disease existing on admission to the workhouse from the cases originating therein. This return has already been made from the South Dublin Union, where it appears there are 1159 children, and the deaths 10. This mortality is about 1 per 1000 higher than that of children of the same age in England and Wales. At the time of the Report 129 boys and 68 children were suffering from ophthalmia. The proportion under treatment, however, gives no criterion whatever as to the prevalence of a diseased condition of the conjunctiva in those who have suffered previously from the malady, and who are liable to a recurrence of it in a contagious form under the least exciting cause. We should not wonder, therefore, that, as at the Central School at Hanwell, a minute inspection would show that 70 per cent. of the entire school have unhealthy eyes. In London only 22 per cent. of the children on admission have ever suffered from the disease, so that it is manifestly propagated by the mere congregation of large numbers. "We are glad," says the *Irish Times*, "that the medical officer entertains no doubt that if the children were located in the country they would be benefited, not only physically, but morally—become acquainted with rural pursuits, and eventually be amalgamated with the agricultural population of the country."

We commend this inquiry to the attention of the English Poor-law Board. We have already expressed an opinion that an independent commission should be employed to examine into the question and report, and we believe it would be extremely desirable to include the Irish workhouses, so that the question may be set at rest for the whole kingdom.

THE CHARGE AGAINST MR. BERRY.

WE regret to observe that Mr. Berry's endeavour to convict of perjury the woman Cecilia Jones, who had charged him with a criminal assault, has been defeated by the stupidity of the jury before whom the case was tried. They acquitted the prisoner "on the ground that they believed she made the false statements under a delusion, and not wilfully." They added that it was their unanimous opinion that there was not the slightest foundation for the charge against Mr. Berry.

If the jury had acquitted the prisoner "on the ground of insanity," there would have been some reason for their decision; and then the judge could have ordered her to be detained during her Majesty's pleasure. The verdict actually delivered, to which the "delusion" seems to have been appended as a mere explanation, has the effect of turning loose upon society a woman of the most dangerous kind; and who, on another occasion, may have more method in her madness, and may select a victim unable to clear himself from her accusations. It is well known that the tendency to bring false charges of rape does not exhaust itself in a single instance; and there can be no doubt that such charges should bring down sharp and effectual punishment upon those who contrive them. The members of the medical profession are more exposed than most others to this kind of accusation, and are often so placed that it would be impossible for them to obtain evidence in reply. We have no doubt that we shall hear of Cecilia Jones again; and we trust that her next appearance in public will lead to her going before less sympathising jurymen.

DRAINAGE OF THAMES VALLEY.

THE Surbiton Improvement Commissioners have memorialised the Home Secretary on the present position of themselves and of other adjacent authorities of towns on the Thames in reference to the disposal of their sewage. The difficulties in the way of getting land in their immediate neighbourhood for sewage utilisation compel them to ask the Government to take the matter in hand, and to give facilities for a comprehensive system embracing all the townships between Staines and Wandsworth. The plan of Mr. Herrtage, for carrying the sewage of the Thames Valley to Woking Heath, seems to offer a fair solution of the difficulty.

MEDICAL CHARGES.

THE *Liverpool Albion* reports an action brought in the County Court by Mr. R. Hamilton, surgeon, against a Mr. Penlington, for a balance of £36. The patient was Mrs. Penlington, who suffered from consumption, which ultimately proved fatal. There was a distance of six miles between the residence of the doctor and that of Mr. Penlington, and the charge made for ordinary visits was a guinea. There were, however, a variety of consultations—two with Dr. O'Donnell, and thirty-six with Dr. Little, all of which were set down at two guineas each. It was maintained for the plaintiff that it was the custom amongst medical gentlemen to double the fees for visits beyond the municipal boundary, and every doctor that appeared in the witness-box declared that the bill was most moderate. On the other hand, the defendant strongly disputed the thirty-six consultations; and the jury, in their verdict, reduced them to ordinary visits, giving as their reason that, as Mr. Hamilton had been previously in attendance on the patient, his conversations with Dr. Little were not of the character of consultations. The judge expressed a desire to hear the grounds of the jury's decision defined, but was disappointed.

We have here a strange difference between this decision and that of the judge at Haverfordwest, in the famous case of Mr. Summers, and we think Mr. Hamilton can hardly complain of receiving a guinea each for frequent visits to a patient at six miles distance. There may, of course, have been circumstances to justify a higher charge, but they do not appear in the brief report from which we quote.

THE CLUFF MEMORIAL.

A PROPOSITION has emanated from many of the friends in Ireland of the late Mr. Stanton Cluff that they might be allowed to co-operate with members of University College in the foundation of a memorial to that lamented gentleman. This proposition was submitted at a special meeting held at University College Hospital on Monday last, and at which all the professors were present. A general feeling was expressed that a tablet might be erected both at University College and Trinity College, Dublin (for Mr. Cluff was educated in part at the latter place), and that in addition, if sufficient funds were collected, an exhibition should be founded, to be given every two or three years, and alternately, it might be, by the two before-named Colleges; and a communication to this effect was sent to Trinity College reciprocating the desire for co-operation which had emanated from that quarter.

BLEACHING AND DYEING WORKS.

FROM an able report by Mr. J. E. White on the working of the Acts relating to bleaching and dyeing works, just issued by order of Parliament, we learn that the effect of the Act passed in 1860, notwithstanding what are considered by some to be great defects, is generally admitted to have been decidedly good. It has conferred great benefits, moral and physical, on an important class of workpeople, as is gratefully acknowledged by them, without injury to the general trade; and though in the case of some individual establishments the production is said to have been diminished by the restrictions of the Acts, this does not appear to have been the case taking the trade as a whole.

The evidence as regards the health of the *employés* in works of this character is very satisfactory, as may be seen by the following extract from the evidence taken by the Commissioner:—

"The employment in printworks appears to be in general of a healthy nature. Employers insist much on the fact that the work is lighter and more agreeable and less monotonous than work in factories. The general work of females in English printworks, and much of it in the Scotch, certainly appears so, and is of a kind well suited for them. In Scotland a number are employed in work which looks rather rough and wet for females, but they appear strong and healthy. The more or less heated temperature in which many of the children, and in Scotland part of the females, are employed has been already referred to. A large Scotch employer considers the stovework of the females, even where they work outside the stoves, as in his case, to be the most exhausting part of the work, and too hot for long hours. A foreman at another place says that 'it is necessary for them in this work to stop for meal-times. They could not keep on sitting here by the stove without a rest.' This part of the work is of the same kind as that in bleach-works stoves. The Workpeople's Committee state that in parts of the work the workers are exposed to deleterious drugs, and that in the dyeing department the work is carried on in a close thick fog of steam, which in summer is almost unbearably hot, and in winter almost piercingly cold. Notwithstanding the amount of colours or drugs in use and the temperature or nature of the atmosphere in parts of the work already referred to, I did not find any special bad results attributed to these causes. The main objection, so far as there is any to be made on the ground of health, to employment in printworks appears to be from the long hours and want of sufficient time for meals, where they prevail. These are admitted to be injurious, and avoided as far as it is thought circumstances will allow."

ON THE DILATATOR MUSCLE OF THE PUPIL.

PROF. DOGIEL, of Moscow, gives, in the *Centralblatt* for May, the results of a series of investigations he has undertaken to determine the question of the existence of a dilatator pupillæ muscle in mammals and birds. The point is one that, speaking histologically, is very difficult to settle, on account of the number of radiating bloodvessels, the quantity of black pigment, and other elements which compose the iris. Dr. Dogiel adopted various modes of procedure—as treating the iris with acetic acid and carmine, with chromic acid, and with chloride of palladium; and he also made a variety of sections. He has arrived at the conclusion that the dilatator pupillæ is present in the eyes of man and of all the mammals and birds which he has had an opportunity of examining. It can be demonstrated much more easily in birds than in mammals. In both it lies nearer the posterior than the anterior surface of the iris, and its fibres are arranged in a radiating direction. In some animals the inner extremities of the radiating fibres form arcades, and become continuous with the concentric fibres of the sphincter; the latter may thus be regarded as a point of attachment for the former. In birds the fibres extend from the pupillary to the ciliary border; but in mammals the muscle occupies only the external third, or less, of the surface of the iris. In birds it consists of striated, in mammals of smooth, muscular fibre.

MEDICAL EVIDENCE.

ANOTHER instance of the melancholy conflicts that take place between medical witnesses in courts of law has been furnished by a case heard before Mr. Under-Sheriff Burchell. Compensation was sought for injuries in a railway collision, and damages were laid at £1500. The noticeable feature of the case was, that three medical witnesses on the plaintiff's behalf declared that he had received a concussion of the brain; and two surgeons for the railway company declared there was no such concussion, but only disease of the heart of long standing. Mr. Under-Sheriff Burchell commented upon this discrepancy, and advised the jury to consult their own common sense. The damages were assessed at £300. The newspaper report affords us no means of ascertaining how the discrepancy of opinions arose, or how

the opposite views were defended; but it is manifest that such a display must tend to shake the faith of judges and juries in all medical evidence, however well considered and however carefully given. We hope to see the day in which the medical examiners in such cases will be called upon to present a joint report upon the facts submitted to them, with an explanation of the grounds of any difference of opinion with regard to the way in which those facts should be interpreted. The present system, under which the medical witness so often becomes the advocate of the side by which he is called, is not only a hindrance to the administration of justice, but is also highly derogatory to the profession.

PROFESSOR SYME.

WE were not wrong in saying that Professor Syme, though disabled too soon, is not disabled before having gained a very deep place in the affection of his pupils. Our words have their verification in an address which we are enabled to publish to-day, and which lets us see how a great teacher and his lessons are remembered by his pupils in distant spheres of life and duty. There is a sense in which the sagacity of the surgeon and the cunning of his hand are not transmissible; but the lessons of Mr. Syme's *clinique* are applicable in all climates, and other men with varying degrees of skill in every part of the world are performing his operations and carrying out the principles which he inculcated.

ON THE LOCAL TREATMENT OF CROUP.

DR. WEBER, of Darmstadt, has recently been employing lactic acid in croup, to the use of which he was led by noticing its remarkable power of dissolving fibrinous exudations. In the first instance he adopted it to clear away the croupal membranes which collected in the canula after the performance of tracheotomy. The beneficial effects were so great that he proceeded to apply it locally before attempting to operate, and although he receives many cases of this disease into his wards he has never had any occasion since commencing its use to open the trachea. The mode of application of the lactic acid is by means of the inhalation (spray?) apparatus, from ten to twenty drops in half an ounce of water being inhaled, at first every half hour, and then in proportion as the breathing is relieved, the quantity being reduced from ten to five drops in the same quantity of water. He never found it requisite to continue the remedy for more than twelve hours. Usually after the application had been repeated for a few times, he discontinued it, and replaced it by strong camomile tea. The eyes and other parts of the face must be carefully protected from the steam, or its cauterising effect becomes immediately apparent.

SUPERANNUATION OF IRISH POOR-LAW MEDICAL OFFICERS.

THE Irish Superannuation Bill will again come before the House of Commons on Wednesday next. We earnestly call upon all who have any influence in Parliament to exert it in behalf of our Irish brethren. It may be well to recapitulate the very strong claims the Bill has, not only upon the profession, but upon the poor and the public generally. It is, indeed, but a matter of simple justice that those who have devoted the best part of their lives to the service of the Poor Law, and who have in very many cases been disabled by serious diseases contracted in the performance of their duty, should be fairly compensated upon retirement. But it is also of great moment that, directly or indirectly, the remuneration for public service should be such as to encourage respectable and intelligent young men to enter the profession, and our examining boards to insist upon a high standard of acquirements. Nor is it altogether beside the question to observe that, in advocating sanitary measures, the profession is establishing a claim upon the public for liberal consideration. The Poor-law medical officers of Ireland, for example, have destroyed small-pox and have diminished pauperism by their great attention to preventive measures and by their successful treatment of disease. In doing so, they have, at the same time, sensibly diminished the number of their patients who could afford to pay; and it is a small matter to ask of the latter that they should make some return for the immunity from disease which has been thus secured. The poor also are interested in this important question. They will in many cases obtain the services of an active, intelligent, and zealous young man, in lieu of those of an old and inactive officer who is no longer able to look after their ailments, and whose shortcomings are tolerated both by the guardians and the sick in gratitude for the services which were given in more active days. Nor is the profession in England altogether disinterested. It is true we have not at present anything so useful and satisfactory as the Irish dispensary, but it is certain that we must have. The present unsatisfactory state of the English Poor-law medical system cannot last. The guardians must eventually be called upon to find the drugs; and when this fundamental reform shall come, the profession will be able to point to the Irish Superannuation Bill as an important precedent.

SIGNIFICANT FACTS.

WE understand that the whole of the beds (120) at the Royal Portsmouth, Portsea, and Gosport Lock Hospital are now full. This is explained by the fact that a large number of severe cases have been admitted from Southampton, which is beyond the limits of the Portsmouth Station, for the purpose of being cured. At the same time, we learn that more than 10,000 seamen and marines stationed at Portsmouth have furnished not more than one case of syphilis to the Royal Naval Hospital at Haslar during the past, and not one single case during the present, week. These facts surely are of much significance, as showing the good results of the Act in the districts in which it is in operation, and the necessity for its immediate extension, to say the least, to all seaport towns; and they indicate the extent to which the right working of the Act may be crippled in protected places by the existence, in contiguous stations, of disease which can be readily imported; and this is constantly happening.

THE BARRACK ROOM AT BUCKINGHAM PALACE GATE.

THE Board of Works has succeeded in vindicating its power and authority at the expense of the health and interests of the unfortunate soldier, and at the sacrifice of some of the public money. In passing Buckingham Palace this week we saw some workmen removing a ladder from the front of the barrack-room, owing to the work of bricking up the newly-made windows having been completed. The Board of Works having succeeded in undoing all that was considered essentially necessary to render the barrack-room in question fit for occupation, we trust that department is satisfied, which is more than can be said for the private soldier. It is simply scandalous, in our opinion, that the public money should be wasted, and the opinions of those responsible for the sanitary condition of the barracks should be entirely set aside, in order to allay the jealousy and irritation of the Public Works Department; and we hope some member of the House of Commons will extract an explanation of the matter from the Government.

ST. THOMAS'S HOSPITAL.

IT has been pretty generally announced of late that some of the larger hospitals of London are languishing from the want of funds, and thereby compelled to close certain of their wards against the admission of patients, or at least to allow many of their beds to remain unoccupied, notwithstanding the pressing demands for admission; and there is no doubt that report speaks truly in the matter. This being so, how comes it that the authorities of St. Thomas's Hospital, which possesses a handsome and now partly unused income, are so dilatory in pushing forward their new building? Within our knowledge not a single brick has been added to the block nearest Westminster-bridge for the last couple of months. The interests of the sick poor demand a greater activity than has been exemplified up to the present time in the rearing of the edifice at Stangate. There seems to be a feeling in some quarters that if two of the blocks can somehow or other be completed by October, 1870, so that it may be possible to open the hospital with as many beds as are at present occupied at Surrey Gardens, and the medical school in a somewhat formal manner, this will be quite sufficient. We are of a different opinion, and hope that no further dilatoriness will be permitted to rule in executive quarters.

CARELESS AND FATAL DISPENSING.

Two shocking deaths have lately occurred from carelessness in dispensing. A patient of the Eye and Ear Institution at Liverpool got medicine without instructions. The clinical clerk who dispensed the prescription was puzzled to know whether a certain letter was "P," meaning poppyheads, or "B," meaning belladonna. Belladonna was supplied, and, instead of being applied externally, was taken internally, and the patient died before a medical man arrived. We must severely blame the scanty writing in the prescription here, and the conduct of the dispenser in dispensing the prescription about which he was so uncertain, and in issuing the graver medicine without explicit instruction. Mr. F. Gratton Guinness, of Dublin, has been poisoned by getting medicine made up by a very respectable firm, and having cyanide of potassium put into it instead of carbonate of ammonia. The replenishing of one of the bottles in the shop had been left to a porter, and thus the mistake arose. Very properly the firm were severely censured.

THE VACCINATION ACT AT SHEFFIELD.

WE are glad to see that the Vaccination Act is being firmly administered in Sheffield, where it was so much needed. A public vaccinator even, or rather his deputy—Mr. Frost,—has been charged with refusing to give a vaccination certificate to a child which he had vaccinated, living out of his district. The defence was that he mistook the residence of the child, and had sent the certificate to the registrar of the district in which he erroneously thought the child lived. The Bench could not believe that Mr. Frost had intentionally treated the child as in his district in order to charge for it, and dismissed the case. We agree entirely with the Bench that public officers should have every support in carrying out the Act, and we do not altogether disagree with it in thinking that a little more courtesy on both sides in this case would have kept it out of court. The case shows the importance of public vaccinators ascertaining whether children brought to them for vaccination really reside in their district or not. A case was heard after the above in which the parent, Mary Giles, was fined five shillings and costs for neglecting to send a certificate of vaccination. She had taken her child to Mr. Pratt, whose district included part of the street in which she lived, but not the exact part. Mr. Pratt vaccinated, and she had to pay the fine. It is satisfactory to note that only one case of neglecting to vaccinate was brought before the Bench. It was adjourned on the defendant agreeing to comply with the Act.

THE GUARDIANS OF LAMBETH AND THEIR WORKHOUSE MASTER.

AMONGST the curiosities of Poor-law guardianship, we have met with none more striking than the estimate of the qualifications for a workhouse master apparently entertained by the Lambeth guardians. A deputation has waited on the President of the Poor-law Board to request that he would withdraw the order of discharge recently issued to the master of the Lambeth Workhouse, in consequence of his having been concerned in fumigating a chimney with noxious vapours for the purpose of suffocating and "bringing down like a fly" an unfortunate inmate who was supposed to be concealed there. The guardians evidently believe they have a model servant. Possibly the poor simple man was beguiled by the wicked doctor into smoking out the woman who dared to hide away from him; but it appears to us the height of injustice to lay the whole blame upon the person who after all was probably but an agent in his hands. It is clear that the master has been operating upon the guardians, and has brought them down, if not by fumigation, by some other means. We are happy to think that Mr. Goschen is able, and has shown a disposition, to protect the poor from cruelties of this kind; and it is scarcely likely that he will submit to the retention of an officer who had been dismissed from another workhouse.

HEALTH OF ST. MARYLEBONE PARISH.

THE monthly report of Dr. Whitmore shows that diarrhœa, whooping-cough, scarlet fever, measles, phthisis, pneumonia, and bronchitis, were the chief diseases in May; and that the chief causes of death, in the order of their fatality, were phthisis, whooping-cough, pneumonia, bronchitis, and scarlatina,—the fatal pneumonia and bronchitis being often associated with whooping-cough. We gather from the report that sanitary works are being carried out energetically; and that anonymous complaints of breaches of the Factory Act are nearly always unfounded and untrue. It is exceedingly unsatisfactory to find that the officer of health is not able, from the returns, to distinguish between cases of typhoid and cases of typhus fever. Surely the distinction between these diseases is well enough understood now to make the return of "continued fever" discreditable. Ten cases of small-pox were returned as occurring in connexion with the charitable institutions.

CONTAGIOUS DISEASES ON THE CHINA STATION.

JAPAN has long been notorious for the large amount of venereal disease which has existed amongst the native population; and not only for the amount, but for the peculiar virulence of the disease. Moreover, for many years past, sanitary blue-books have exhibited a melancholy amount of crippling amongst our soldiers and sailors from disease contracted from the native Japanese population. Both the naval and military authorities—no doubt stimulated by the results which have been obtained at Malta—have encouraged the introduction of repressive measures, but until recently have failed in their object. A better state of things has now been brought about; and a most interesting and satisfactory account of the "education" of

public opinion in the right direction in Japan, and of the enforcement, with the full approval of the Mikado's Government, of repressive measures in relation to the prostitute population, is contained in a Report of the Yokohama Lock Hospital for 1868, by Dr. Newton, R.N. This gentleman, in the first place, gives a full history of prostitution in Yokohama. One point is of importance: the loose women are congregated together in an isolated district, named the Yoshiwarra, and are under Government surveillance, though prostitution is not actually approved by the State. This isolation makes it easier, therefore, to apply the Lock-hospital system to their case. It was not until the early part of the year 1868 that the Government could be induced to allow any repressive measures to be introduced; at that time, however, a dispensary was finally established in the Yoshiwarra, and, perhaps in consequence of this leading the way *gradually* to the introduction of the Lock-hospital system, the prejudices of the natives were most happily overcome. Subsequently, a Lock Hospital, with 150 beds, was built, and the system of compulsory examinations and detentions in hospital was then adopted—that is, from the 12th of August last. The average number of prostitutes belonging to the Yoshiwarra is 1200; and the number found diseased with *primary* mischief only was 32·8 per cent. Up to the end of December—that is, in 143 days—no less than 374 women were admitted, 140 of whom came voluntarily to the hospital for treatment. The general results are thus stated by Dr. Newton:—From reliable information, each girl is in the habit of receiving, on an average, 45 visitors per month; the compulsory inmates of the hospital would consequently, during the time it has been opened, have had 18,688 visitors. Presuming that half of these persons would have escaped infection, there would still have been 9344 contaminations; and this amount of disease Dr. Newton believes has been prevented. We look for large results, most beneficial to our sailors and soldiers at Yokohama. It is remarkable that, in time of civil war, and when the oldest residents prophesied complete failure, such a revolution of opinion should have occurred, and so much prejudice have been removed, amongst the Japanese. For, says Dr. Newton, it did not take six months to build a Lock Hospital and have it in full working order.

ELECTIONS IN DUBLIN HOSPITALS.

WE are informed that the subject of the grants made to the Dublin hospitals, and of the electoral systems pursued in them, will be brought before the Statistical Society of that city on Tuesday next, by Dr. Mapother. Our remarks are bearing good fruit, and it is to be hoped that the fullest opportunities will be afforded for discussion.

AN examination of candidates for the Indian Medical Service will take place at Chelsea Hospital on Monday, 9th August, when forty vacancies will be filled up. There will be no examination for the British Army Medical Service on the present occasion.

THE secretary of St. George's Hospital has received a letter, signed "E. Mackenzie," enclosing a cheque for 1000 shillings in aid of the hospital funds, with the promise that if £45,000 be raised by the 15th of July, a further cheque for £1000 shall be sent.

THE issue by the President and Fellows of the College of Physicians of cards of invitation, leads us to remind our readers that the Harveian Oration will be delivered on Saturday, June 26th, at 4 o'clock. Dr. Owen Rees will give the oration in English, in accordance with a custom recently adopted.

THE Board of Trade has been officially notified, that in consequence of outbreaks of cholera, the ports of Bathurst (in the Gambia settlement), of Nicaragua, Central America, Vera Cruz, and Mexico are all declared infected. The Portuguese Government has notified that the island of Timor is infected with cholera morbus.

AT a meeting of the Foresters held last week at Guildford it was stated that four societies in that town had paid between £3000 and £4000 in sickness and death claims during the last ten years. Such a sum represents a very considerable relief to the town poor-rates.

THERE petitions against, and eighteen in favour of, the Hospitals &c. Rating Exemption Bill have been presented to Parliament up to the present time.

WE read that a labourer named Rapley has been prosecuted under the Vaccination Act, at the Dorking Petty Sessions, for neglecting to bring his child to the public vaccinator for inspection after the operation. The neglect charged was fully proved; but extenuating circumstances were stated in defence, and a mitigated fine of 2s. 6d. was imposed.

MR. SARGEANT, of Farnham notoriety, has just been permitted to accept the situation of relieving officer in the Wandsworth and Clapham Union. The guardians wished to make him assistant-master, and it was only the firm refusal of Mr. Goschen which prevented this being done.

THE deaths in the eight principal towns of Scotland during May amounted to 2662—a number 329 in excess of the average for the month, after making all due allowance for increase of population. The weather was very cold, with a remarkable prevalence of easterly winds.

DR. ALDIS, in his annual report on the sanitary condition of the parish of St. George, Hanover-square, during 1868-9, has the satisfaction of stating that the high rate of mortality which he had noticed in the previous year as having occurred in the model dwellings called Gatliff Buildings, Pimlico, had given place to a much healthier condition in the past year.

THE Scotch Lunacy Commissioners, in their Eleventh Annual Report, state that on the 1st January, 1868, the number of lunatics of whom they had official cognisance amounted to 7055; of whom 1241 were maintained from private sources, 5769 by parochial rates, and 45 at the expense of the State. The number of "unreported insane" maintained by their friends is estimated at nearly 2000.

THE Liverpool shipowners and the Workhouse Committee have met in satisfactory conference relative to the means of affording relief to foreign emigrants attacked by sickness while passing through Liverpool, and consequently unable to proceed on their voyage.

AN inquest has been held at Taunton on the body of John C. Cruikshank, a member of the Royal College of Surgeons, who died in the workhouse of acute inflammation of the brain. The unfortunate career of the deceased seems to have been influenced by an hereditary taint of insanity.

DR. PATTISON, of cancer-curing notoriety, and who lately figured in the case of Frewen *v.* Pattison, will be summoned before the Medical Council on an early day during its forthcoming sitting.

MORTALITY OF BRIGHTON.

THE borough authorities of Brighton have published some statistics and remarks on the mortality of Brighton, drawn up by a gentleman of the Registrar-General's office, with the apparent object of bolstering up the present system of drainage. The Report states, truly, "that one of the effects of the change of air from a crowded town to the seaside is to render most persons, but more particularly children, especially susceptible to the infection of epidemic disease. It becomes, therefore, all the more necessary that those towns which have become the favoured resorts of pleasure-seekers, should be able to present their clients with a clean bill of health."

Now we should have expected that the report would have shown this for Brighton; but, instead, we are presented with a comparison with London, the unfairness of which is so apparent that it needs but to be mentioned in order to be condemned.

The fallacy of this comparison pervades the entire Report. Thus, as regards the births, we are told that on the population of Brighton (estimated at 89,342 persons) there were 711 births in three months, or an annual average of 32·2 per 1000, the rate for London being 37·5. This discrepancy is explained by the fact of a large portion of the inhabitants consisting of visitors and domestic servants. All pleasure towns have, we are told, low birth-rates; and the remark applies to all localities inhabited by well-to-do classes, who employ a large number of servants. There are many districts in London with a lower birth-rate than that of Brighton; and it will be found that this circumstance modifies the death-rate so much as to vitiate all conclusions which might be drawn therefrom. Thus, as compared with London, 1000 inhabitants of Brighton have about 5 less births in a year, or for the whole town 446 fewer children. That is, in five years there would be 2230 fewer children born in Brighton than there would be for the same number of persons in London; and as the mortality at this age constitutes nearly one-third of the whole mortality, it is obvious that comparison between the two populations of such different ages would be utterly misleading. Birth-rate and death-rate invariably go together, and in Brighton the highest are in St. Peter's district, where the birth-rate is 38·5, and the death-rate 21·5, and the lowest in the Palace district, where the birth-rate is only 21·6, and the death-rate 9·9. But as the mortality of all England and Wales was 24·8, and that of Brighton only 18·2, per 1000, it may still be supposed that the town may be congratulated upon its unusually low death-rate. But let us see. Swansea has a murky atmosphere, poisoned with copper fumes and smoke; its inhabitants are all engaged in laborious occupations; and yet its mortality is only 18·37 per 1000. The death-rate of Birkenhead, where also extensive productive operations are carried on, is 18·24. In Plymouth, which is densely crowded with a seafaring and manufacturing population, it is 18·53; in Gosport, 19·00; and in Portsmouth, by no means a pattern of sanitary success, it is only 20·04. At Coventry the mortality was absolutely lower than that of Brighton; and could anyone for a moment maintain that the comparison does not tell unfavourably for the latter?

If these facts show nothing else, they prove the impossibility of relying on the death-rate solely as a sanitary test. But Mr. Humphreys tells us that the deaths from zymotic disease are more than three times as fatal in London as in Brighton. But is this in the least extraordinary? Compare for a moment the fever-dens of Houndsditch and Southwark with the comparatively airy streets of Brighton. Why, if properly drained, fever should be literally unknown there; and yet we have no less than seven deaths, representing forty or fifty cases, in one subdistrict. At any moment the disease may spread; and certainly no very favourable conclusions can be drawn. We commend the concluding paragraph of Mr. Humphreys' Report, which is a protest against the comparison he has himself made:—"That no part of Brighton is so densely populated by so low a class of residents as St. Giles's, Ratcliffe, Limehouse, Poplar, and other parts of London, may be the reason why the death-rate of Brighton is lower than that of London; but it is also one of the reasons that Brighton is a favourite residence with those who can choose their place of abode. *This should all the more stimulate the Brighton people to keep up the character of their town as one of the healthiest in England.*"

THE EVELINA HOSPITAL FOR SICK CHILDREN.

THE medical charities of London have this week received a valuable addition in a new children's hospital. The institution to which we refer, and which we personally inspected on Tuesday, has been built and endowed by Baron Ferdinand de Rothschild as a memorial to his late wife, and named after her "the Evelina Hospital for Sick Children." The hospital is situated in the Southwark-bridge-road, and is calculated to hold 100 beds. It has been built after the plans of Mr. Marsh Nelson, upon specifications chiefly furnished by the consulting physician, Dr. Arthur Farre, upon whom the founder has mainly relied for advice and assistance in making the preliminary arrangements. As it was only possible to secure a small and irregularly-shaped piece of ground, it was found necessary to design the building so as to take advantage of the limited site.

The hospital consists of four stories: two of these are devoted to the reception of patients, the ground-floor being for the accommodation of the house-surgeon, matron, and certain ladies who have undertaken the management of the nursing. In this part of the building, also, are situated the board-room, medical officers' room, &c. On the attic story are sleeping rooms for the nurses and servants, and a quarantine ward for doubtful cases. Below the ground-floor there is an extensive basement story, which contains a range of kitchens and offices; and on the same level there is an open court, containing various out-buildings—wash-house, disinfecting oven, post-mortem room, &c. There are separate kitchens for Jews and Christians.

Leading from the ground-floor is a detached wing, in which are the dispensary and an extensive out-patients' department, comprising large waiting-room, with separate rooms for physicians, surgeons, and dressers.

The two stories devoted to patients are arranged on the same plan. Along the length of the building runs a single very handsome ward, 100 ft. by 24 ft., and 14 ft. high. External to this is a corridor, with a double row of windows, opening on the one side into the ward, and on the other into the open air. In the ward itself are nine large windows. All these windows are arranged in three swing compartments, so that they can one or all be partially or completely opened or shut in a moment. Abundant provision is thus afforded for the most perfect ventilation. In the ward are four fireplaces, so that it can at any time be divided into four smaller rooms, if this be deemed advisable.

At one end is a handsome ward, which will be set apart for Jewish children, the rest of the hospital being for Christians. At the other extremity is a playroom, and beyond this two large and cheerful rooms, one of which will be for cases of whooping-cough and its complications—a novel feature in children's hospitals,—and the other probably for infants under a year old. The story above is precisely similar in its arrangements to that already described.

There is abundant provision for closets, lavatories, bath-rooms, and quarantine wards; and, indeed, no expense has been spared to make this a model hospital. At present about thirty beds only will be used, but it is hoped that before long the entire available number will be opened.

The nursing of the hospital will be conducted by a staff of ladies, under a lady-superintendent of great experience in hospital management.

The following is a list of the medical staff:—Consulting

Physician, Dr. Arthur Farre. Consulting Surgeon, Mr. Prescott Hewett. Physicians with care of in-patients, Dr. W. S. Playfair and Dr. Hilton Fagge. Physicians with care of out-patients, Dr. Kelly and Dr. Douglas Powell. Surgeons, Mr. Alfred Willett and Mr. Morrant Baker. Resident Medical Officer, Mr. Goodheart.

We have only to add that the hospital was formally opened with a religious ceremony on Tuesday afternoon. The company assembled was afterwards entertained by the founder at a luncheon, at which there were present the lady visitors (consisting of the Baroness de Rothschild, Lady de Rothschild, Lady Herbert of Lea, Mrs. Gladstone, and Mrs. Lucas), the general committee, and the medical staff.

The hospital, though thus opened for the use of the public, remains the private property of the Baron Ferdinand de Rothschild. It is opened experimentally in the first instance for a period of three years, with the limited number of thirty beds, for the maintenance of which a sum of money has been provided which will probably admit of a still larger number being kept up. This arrangement is provisional, until the permanent endowment of the hospital takes place.

PROFESSOR SYME.

THE following has been forwarded to us for publication:—

To JAMES SYME, *D.C.L. Oxon., M.D. Dublin, F.R.C.S. and F.R.S.E., Professor of Clinical Surgery in the University of Edinburgh, Surgeon to the Queen in Scotland, &c.*

DEAR SIR,—It was with feelings of deep concern and sorrow that we, the undersigned, lately received the intelligence, by THE LANCET of the 10th April, that you have been suffering from a serious illness. We are glad to observe that the Editor of that journal remarks: "The attack was not of a severe character, and strong hopes are entertained of a complete recovery."

We hope, dear Sir, it may not prove troublesome to you, under the circumstances, that we, a few of your former students, now in Bengal, should lay before you our good wishes, and beg you to receive this expression of our cordial sympathy.

In doing this, we find it difficult to convey to you the true nature of our feelings in such a matter. We look back, through the vista of many years, to the days when it was our privilege to listen to your teachings, and to mark the skill with which your unerring hand afforded relief to many a sufferer. We recall the intelligence, the intuition, and the masterly confidence ever guiding your actions, whereby, in thousands of instances, the most terrible human miseries have been brought to a happy issue. We remember, with undiminished admiration, that quickness of perception, that steadiness and self-possession at emergent moments, which you so often and so instinctively evinced when the life or death of a fellow-being rested with you. Your professional precepts have been of great value to us throughout life. Your example (as regards calm wisdom, and great practical success) has continually proved an incentive to us in pursuing an honourable and useful ambition. We are proud in keeping before us recollections of your character, and many of us think with feelings of peculiar gratitude of your unforgotten acts of personal kindness to us, your pupils. Indeed, it is chiefly from this point of view, as disciples addressing a master for whom they entertain unbounded respect and regard, that we now desire to communicate with you.

Although your eminence reflects dignity and honour on the profession to which we belong, whilst your name is familiar to the whole civilised world as that of one greatly distinguished among surgeons, and whilst your reputation as a public teacher is of the very highest order, it is not our wish at present to dwell particularly on those remarkable characteristics. We rather desire to tell you, in simple words and with genuine sincerity, that we have been grieved to hear of your late illness; and, without presuming to encroach on the privacy and sanctity of your domestic life, we beg you, dear Sir, to believe that the undersigned, who so well know your public character, with all its honest independence and fearless candour, and at the same time your great private worth, feel deeply interested in your well-being and happiness, and truly sympathise with you in the anxieties, griefs, and bereavement which have lately fallen to your lot.

We trust, for your own sake and for the good of mankind, that you may soon be restored to sound health; that, as you yourself have during a lifetime healed others, so now you may be healed; that you may enjoy the great comforts of human sympathy and friendship, and be fully sustained in your hours of sickness by Divine compassion and support.

In expressing such thoughts and wishes from a distant land, we, the undersigned (who are but a few out of a vast number of men scattered abroad who cherish great admiration for your distinguished character), beg, dear Sir, to subscribe ourselves, with unqualified respect and esteem,

Your devoted pupils,

J. P. BROUGHAM, M.D., Surgeon-Major and Presidency Surgeon.
F. W. INNES, M.D., Deputy Inspector-General, British Forces.
H. MITCHELL, Surgeon, 96th Regiment.
ROBT. SUTHERLAND, Assistant-Surgeon, Statistical Officer to Inspector-General.
C. PALMER, M.D., Surg.-Major, Presidency Surgeon.
J. FAYRER, M.D., Surgeon, Professor of Surgery and Sen. Surg. Med. Coll. Hospital, Calcutta.
ROBERT BIRD, M.D.
DAVID B. SMITH, M.D., Surgeon, Sanitary Commissioner for Bengal.
J. PHIN SMITH, M.D.
KENNETH B. STUART, M.D., F.R.C.S.E.
D. DOUGLAS CUNNINGHAM, M.B.
K. MACKENZIE DOWNIE, M.B., C.M.
T. EDMONSTONE CHARLES, M.D., M.R.C.P. Lond. Art. Obstet. Prof.
A. FITZGERALD, F.R.C.S. Edin., Graduate of the University of France, M.R.C.S. Lond., Licentiate in Midwifery (Dublin), Surg. 9th B. N. I.
JOHN H. BEATH, M.D., Staff Assistant-Surgeon.

P.S.—As considerable unavoidable delay must occur in circulating this letter throughout the Bengal Presidency, it is thought well to despatch it as it is, with the above fifteen signatures, obtained in Calcutta alone, or its vicinity. The names of gentlemen stationed in other parts of Bengal who are interested in and approve of the sentiments above expressed will be shortly forwarded.

SCARLET FEVER AT GUILDFORD.

AT the meeting of the Epidemiological Society on the 9th inst., a paper was read, communicated by Mr. Henry S. Taylor, on "Scarlet Fever in Guildford in 1868." The great prevalence of the disease in that town in the summer of the past year, as our readers will remember, was made the subject of a special report in THE LANCET. From the 1st of April to the 31st of December, Mr. Taylor estimates that no less than 800 cases occurred, the deaths numbering 49. The malady underwent a sudden development in the middle of July, and the stress of the epidemic fell upon the two months following. Mr. Taylor connects the sudden activity and spread of the malady in July with the unprecedented heat which then prevailed. On July 7th the maximum reading of the thermometer stood at 82°, showing an increase of 11° above the reading of the day previous; and during the rest of the month gave an average of 81°, the average of the first six days being 70°. The highest reading during the month was on the 27th, when it was 93°. The minimum temperature during the time did not show an equal increase, the average for the first six days being 55°, and from that to the 31st, 59°. The average difference between maximum and minimum temperature for the same period was 21°. Mr. Taylor subjected to a somewhat detailed criticism the opinions of THE LANCET Commissioner concerning the fostering causes of the outbreak, and joined issue with him on the effects of the insanitary state of Guildford upon the prevalence of the malady. Admitting the facts stated by our reporter of

the great imperfections of the drainage, and probable impurity of the water-supply, Mr. Taylor argued that these conditions exercised no appreciable influence upon the spread and localisation of the epidemic. The disease prevailed equally among the portion of the population which was in good sanitary circumstances and among the portion which was in bad. Overcrowding alone seemed, he stated, to exercise an influence upon the localisation of the malady. The general diffusion of the disease among the population, according to Mr. Taylor, cast a doubt upon our Commissioner's inference, that a sudden rise of temperature on the 7th of July, followed by sudden explosion of the fever in the third week, might be accounted for by the effect of the great heat in exaggerating the insanitary state of the town. Mr. Taylor maintained that the principal agent in the diffusion of the disease was the communication of the sick with the well directly or indirectly, and suggested that a high range of temperature might intensify the infectiousness of the malady, either by increasing the exhalations from the body of the sick, or by lowering the vital powers of persons exposed to those exhalations. We must, however, leave the question to the judgment of the profession. It is one of great importance, and deserves the closest investigation. Mr. Taylor has done good service in putting on record a history of the Guildford epidemic, and we should be glad to receive further information from other localities as to the origin and mode of propagation of this disease.

Correspondence.

"Audi alteram partem."

VACCINATION DIRECT FROM THE HEIFER.

To the Editor of THE LANCET.

SIR,—It is more than probable that the efforts of Dr. Blanc, coupled with the notice they have obtained through THE LANCET, will direct attention in this country to the greatly superior facilities for vaccination which are afforded by "animal vaccination."

For a period of three years I have used lymph procured direct from the animal; and I have made no particular selection of animal, but have procured it whenever I could, from both sexes, and at all ages. I am not a public vaccinator, so that my vaccination statistics in that period would not be very large; but I have only seen one instance of failure during that time from the use of animal lymph.

I commenced with human lymph transmitted through the cow (during the time of the rinderpest), and found it so certain in its action, and so constant in its supply, as to convince me of its unmistakeable advantages over all other means. I also have had two somewhat unique and remarkable instances of its protecting power. Two of my patients (during an epidemic of small-pox), who resided some distance apart, became infected with the malady; and, while they were suffering from small-pox of the "distinct" form, but thoroughly well marked, I vaccinated three other persons residing in the same houses—two in one, and one in the other.

The two small-pox patients were unprotected by vaccination, and the disease was in their case tolerably well defined. I vaccinated these three persons with lymph taken from a calf seven months old a few days previous. On the fourth day after vaccination, two of the three vaccinated individuals exhibited symptoms of small-pox, being one in each house—muscular weariness, excitability, slight pyrexia, vomiting, and the diagnostic spine-ache. On the sixth day after vaccination the body was covered with small red maculæ, and on the seventh day they had got to the stage of "pimple," and were evident on palpation, feeling like minute eminences, distinct from each other, and accompanied with the redness of erythema. The temperature, taken by one of Negretti and Zambra's thermometers, was 102·4° Fahr. The cases were, of course, unmistakeably small-pox, true and defined enough, but modified by vaccinia.

The development of variola in these cases did not seem to exert the slightest check upon the maturation of the vaccine vesicles, four of which were well defined, two on each arm, as large as a farthing, and with an increased superficies of areolæ. The small-pox never advanced beyond the stage of pimple, nor did the premonitory symptoms abate with the appearance of the eruption.

On the eighth day of vaccination, which was also the third day of the appearance of small-pox in the cuticle, the temperature was 102·1° Fahr., and on the tenth day after vaccination (fifth day after small-pox eruption), when the vesicles were in their most active stage, the temperature rose to 103·2° Fahr. Both cases were in every essential particular virtually the same, so I need not trouble your readers with fuller notes. I was pleased to witness the phenomena of two such specific diseases existing at one and the same time, and in the same individuals. There can be no doubt, I think, that the vaccinia materially modified the variola, and though each case presented varioloid constitutional symptoms, yet the effects upon the skin never reached beyond the stage of "pimple." The temperature was kept slightly below the ordinary range of small-pox, though it kept up till the vaccinia had acted with its fullest effect.

I conclude, rightly or wrongly, that these cases showed the great protecting power of vaccine lymph obtained direct from the animal; the attack of small-pox, which in these cases seemed to "succumb" to the power of "vaccinia" was of the ordinary "distinct" type, which in the two unvaccinated subjects proceeded through its ordinary courses to its termination, leaving behind it marks of its destructiveness. The other vaccinated person obtained complete protection, although he continued to reside, eat, drink, and sleep in the midst of small-pox, using of course such prophylactic measures as would naturally suggest themselves, but did not include change of residence, which was impracticable.

I believe both the subjects of the modified variola had, at the time of vaccination, small-pox in its state of incubation, as they had been living in its presence more than a week previously.

The above facts quite removed any misgivings I might have had relative to the proportionate value of the two modes of vaccination as a protecting power. I find persons offer no objections to the animal lymph, and it affords one a ready answer to their fears about "bad matter," scrofulous children, and the like.

I may add here, for what it may be worth, that I am not of those who fear any danger of transmitting other diseases by the use of human lymph,—though proper selection should be made, as an exercise of ordinary judgment, in the discharge of a public trust. Animal vaccination affords facilities for an abundant supply; and I can bear testimony to the greater certainty there is of producing good vesicles. I have found animal lymph produce very much more constitutional disturbance; the febrile symptoms are undoubtedly increased,—sometimes with simple vaccinia the temperature will be 101°, and I look upon a rise of temperature as a very essential pathological advent. The more active the febrile symptoms, *cæteris paribus*, the better the vesicle produced, which I look upon as the only protective indication. The localised erythema, the "coldness" of the vesicle, contiguous tumefaction, and the duration of the disease, are all increased with lymph procured from the animal. The virus seems to so disorganise the structure of the rete mucosum, that the cicatrices always present the distinctive features of successful vaccination—viz., distinct, foveated, indented cicatrices, with distinct radiation of its edges, the only indelible and living testimony of its power.

I believe, also, the present fashion of selecting what is called a good subject, and abstracting as much lymph as can possibly be secured, in order to keep up a supply, is radically and morally wrong, and defeats in that particular case its own object. It is a direct interference with the pathological conditions which have been imposed for a protective purpose, and can only seek its justification on the plea of circumstance.

I am, Sir, your obedient servant,

Belper, May 27th, 1869. E. GAYLOR, L.R.C.P. Edin., &c.

To the Editor of THE LANCET.

SIR,—Be so kind as to allow me some space in your valuable journal (the columns of which you have so liber-

ally opened for a discussion on animal vaccination) to answer Dr. Seaton's letter, inserted in a late number (May 29th).

Dr. Seaton acknowledges that he has no personal experience of this new mode of vaccination. His acquaintance with the subject is only by hearsay. He states that "some one told him that in Paris it did not answer the purpose," and that he would make inquiries into the matter.

I beg of Dr. Seaton the favour of not making any such inquiries. Let him rely on his own investigations, and only believe what he can himself verify. Dr. Blanc's establishment, recently founded in London, offers an excellent opportunity. Let Dr. Seaton there vaccinate some children with his own hand, from heifer to arm; and let him follow up the phases of the eruption which will occur. His standing in the profession, and his acknowledged merit, are to me a complete guarantee that he will do so with the greatest impartiality. I, for one, am certain that the operations will succeed; that Dr. Seaton will become quite partial to this novel practice; and that, in a few weeks, animal vaccination will have in him a staunch supporter.

Dr. Seaton says that, in England, vaccination is most satisfactorily organised; and that excellent vaccine matter is abundant. Well and good; but what becomes of the *renewal* of the matter, the necessity of which has been acknowledged for the last thirty years by the highest authorities, if we thus rest satisfied with the existing state of things? For seventy years vaccine matter has been travelling from one organism to another. Is it not high time to give it new life by obtaining it at its original source? This is the argument which animal vaccination fearlessly brings against its adversaries.

By this kind of vaccination the produce of such spontaneous cow-pox as may be discovered can be collected and propagated upon its own soil—viz., upon animals. From thence it can be conveyed to many human beings, without fear of losing the primary germ.

If you earnestly wish it, you can soon find a case of spontaneous cow-pox. Inoculate the produce to a single heifer; and with the vesicles of the latter, vaccinate the children of your national vaccine establishment. What will be the result? In less than a fortnight you will thus *renew* the vaccine matter of Great Britain and her colonies. This is one of the boons which animal vaccination offers to the population of a great country, which boon may be bestowed in a comparatively short time.

It might perhaps be objected that this matter is inferior to that obtained from arm to arm. But a moment's reflection will upset such a preposterous supposition; which is, in fact, quite disproved by daily practice.

I must be allowed to state that the authority of the most eminent vaccinators of the old school is not of much weight, when the relative advantages of human and animal vaccination are carefully considered. Though the latter is of very recent date, it has already acquired considerable influence. Animal vaccination is becoming more and more popular, and it has the singular privilege of gaining to its ranks, in a very short time, such of its adversaries as recognise the strength of actual facts.

Dr. Seaton is too sincere to shut his eyes to the light, and I fully rely on his speedy conversion.

I will not trespass on your space by examining all the questions connected with vaccination, though they are just now being so warmly discussed by men of great eminence; I will confine myself to quoting the deductions concluding my first paper on animal vaccination, which I presented to the Academy of Medicine of Belgium as far back as 1865. Four years' persevering practice of this vaccination has not altered my opinions.

These deductions are as follow:—

1st. The vaccine matter obtained by successive transmissions of the cow-pox from heifer to heifer, can be propagated to human beings, and protects them from small-pox.

2nd. Animal vaccination possesses the exclusive privilege of dispelling the fears of those who, rightly or wrongly, believe that vaccine matter can transmit to the vaccinated individual the constitutional diseases with which the vaccinifer may be affected.

3rd. The inoculation from heifer to heifer yields an inexhaustible supply of vaccine matter, which may, almost instantly, satisfy the most extensive demands.

4th. A central vaccine establishment, founded by the State, would allow of the regeneration of human vaccine matter by making animal vaccine fluid penetrate into the smallest hamlet of the kingdom. Such an establishment would, besides, be able to supply any infant with a produce the acknowledged innocuity of which would strengthen the hands of the authorities, when they lay a penalty upon the non-vaccination of children.

The wish expressed in the fourth deduction has been complied with. The Belgian Government has founded a National Vaccine Institute, the object of which is to furnish all the medical men of the kingdom with vaccine matter taken from heifers, or from children recently vaccinated from heifer to arm. This establishment is in a very prosperous condition; the profession and families are highly pleased with it, and no one now thinks of questioning its usefulness.

I am, Sir, your obedient servant,

— WARLOMONT, M.D.,

May 30th, 1869. Director of the National Vaccination Institute of Brussels.

THE CARBOLISED CATGUT LIGATURE.

To the Editor of THE LANCET.

SIR,—The failure of the catgut ligature in Professor Spence's case of ligature of the common carotid artery may have given rise to doubt in the minds of some members of the profession as to the expediency of using the antiseptic catgut ligature in the manner recommended by Professor Lister for the deligation of large arterial trunks. As I am specially concerned in Mr. Spence's case, from his having used a ligature prepared by me, I hope you will allow me space for a few remarks, which may throw some light on so important a subject.

I wish, in the first place, to make some remarks with regard to the ligature itself; and, secondly, to notice the means used to prevent putrefactive suppuration in the wound afterwards.

Since Mr. Lister discovered the antiseptic catgut ligature, it has been constantly used in Mr. Syme's wards in amputations, &c., though, as yet, there has been no opportunity of using it for vessels in their continuity. On the 12th of May, the day of Mr. Spence's operation, one of his dressers came to me in a great hurry a few minutes before the operation was to be performed, to ask if we had any "carbolised ligatures," either silk or catgut. I gave him some of both kinds, that had been prepared for our own use three days previously, but which had by that time got perfectly dry, and had probably parted with most of the carbolic acid they had imbibed. I was not aware, I confess, at that time, of the importance of the directions which Professor Lister has given, that the gut should be kept steeping for a protracted period in the antiseptic solution. Though Mr. Spence describes very carefully the way in which he made the knots in tying the vessel, it is quite possible, considering the state of the catgut at the time of the operation, that the first knot yielded while the second was being tied; and the unusual precautions which he adopted to guard against this occurrence imply that he felt apprehensive of it. This view is borne out by what was seen by myself and others in the dissected preparation, where, after the knots had been unfortunately completely cut away, more catgut was visible on the vessel than could possibly have formed the constricting ring if the first knot had retained its hold.

As to the precautions taken to prevent subsequent putrefaction in the wound, I can only say that, whatever the sponges were washed with before the operation, they were frequently wrung out of water without carbolic acid during its performance; that no means were taken to render the instruments, or the fingers of the operator or his assistants, innocuous; and that the dressing of the wound consisted of a single strip of lint moistened in a solution of oil and carbolic acid (one part in twenty), not large enough to overlap the wound half an inch in any direction. These are the precautions which Professor Spence took "to give the method a fair trial;" and they have only to be compared with the directions of Professor Lister, or the way in which

Mr. Bickersteth's operation on the common carotid artery was conducted,* to show that they were entirely insufficient to prevent putrefaction. Accordingly, putrefactive suppuration did actually occur, as was proved by the appearance of the wound immediately after death. I happened to be the first to examine it, and found its deeper surfaces coated with yellow pus, and offensive from decomposition. Under such circumstances it is not surprising that the catgut was then soft, and even diffluent; but it by no means follows that it was so at the time when the cerebral symptoms supervened, which was within twenty-four hours after the operation: indeed, it appears inconceivable that such can have been the case.

Lastly, I cannot but regard it as strange that the artery was never laid open to ascertain whether the coagula had really been displaced. That this was so is, so far as I am aware, merely a matter of hypothesis.

From the above facts your readers will probably be of opinion that, while there is no sufficient evidence that the patient's death was really caused by the operation, the manner in which the method was carried out sufficiently explains the failure.

I am, Sir, your obedient servant,

EDWARD LAWRIE, M.B., M.R.C.S. Eng.,
Resident Surgeon, Mr. Syme's Wards.

Royal Infirmary, Edinburgh, June 5th, 1869.

POOR-LAW MEDICAL OFFICERS AND DISPENSARIES.

To the Editor of THE LANCET.

SIR,—I am directed by the Council of the Poor-law Medical Officers' Association to request the favour of your inserting in THE LANCET the enclosed memorandum, which was unanimously approved at a meeting held yesterday.

I am, Sir, your obedient servant,

JOSEPH ROGERS, President.

33, Dean-street, June 9th, 1869.

"*By Order of the Council.*

"MEMORANDUM.

"The Council of the Poor-law Medical Officers' Association had their attention drawn to a statement in the speech of the President of the Poor-law Board, on moving the second reading of the Metropolitan Poor Act (1867) Amendment Bill, to the effect that 'the difficulty in London had turned upon the question whether the sick poor should be attended to at the medical officer's surgery or in a dispensary;' and, further, that 'a great many medical officers said it was more convenient that the sick should attend at their surgeries; and, as the guardians of many unions agreed with them, there was great resistance on the part of the guardians to the establishment of dispensaries.'

"The Council desire to express their conviction that Mr. Goschen must have been misinformed as to the feelings and wishes of the medical officers generally. At the first meeting of the Metropolitan Poor-law Medical Officers' Association, which comprised nearly half of the medical officers of the metropolitan districts, held July 16th, 1866, a principal object of the Association was declared to be 'to obtain from the local authorities the provision of all medicines and appliances prescribed for the sick poor, and the employment and payment by the same of qualified dispensers.' At the first meeting of the Poor-law Medical Officers' Association, which numbers nearly 800 members, held July 31st, 1868, the same 'object' was incorporated in the laws. And when Mr. Gathorne Hardy brought in his Metropolitan Poor Act (1867), no part of the scheme was more highly approved by the district medical officers than that comprised in the dispensary clauses.

"The subject has often been considered at the quarterly meetings of the Association, when the attendance of all Poor-law medical officers is invited, and at the monthly meetings of the Council; and no difference of opinion has ever arisen with respect to the desirability of establishing dispensaries. The delay in carrying out this measure has been a source of deep regret and disappointment to many members of the Association and others; and at the last quarterly meeting, held in April, the following resolution was unanimously adopted,—viz.: 'That in the opinion of this meeting it is desirable that the clauses of the Metropolitan Poor Act, 1867, relating to the establishment of dispensaries, should be put into general operation forthwith.'

"If, therefore, Mr. Goschen's statement—which amounts to this, that a great many medical officers are opposed to the establishment of dispensaries—be correct, the fact now comes to the knowledge of the Council for the first time.—*Extracted from the Minutes, June 8th*, 1869.

"(Signed) "JOSEPH ROGERS, M.D., President."

* Vide THE LANCET, May 29th, 1869.

THE ROYAL MEDICAL BENEVOLENT COLLEGE ELECTIONS.

To the Editor of THE LANCET.

SIR,—The result of last week's election of a pensioner to fill a vacancy in the Medical Benevolent College (the only one which has occurred for two or three years), while it surprises no one acquainted with the laws of the Charity for the admission of pensioners, most incontestably proves—what I ventured to place before the Council at the annual meeting—the necessity for immediate change in the bye-laws of the College which shall at once equalise the claims of male and female applicants.

I look upon the votes given to the male candidates on the last occasion (one polled 1780, a first application) as a protest against the present system of election; and as the College now contains *twenty-two women* and only *three men*, if the present plan of election is not at once altered, it will cease on the next election to be a home for decayed members of our profession, and in consequence, I believe, fail to receive the support of those who feel with me that a grave injustice is done to many deserving men on the list, and of others who have long felt that it is utterly hopeless to come forward and incur expense with so remote a chance of success. It is true that with the last proposal of the Council to elect next year out-door pensioners there is yet some hope for those with starvation staring them in the face, and which, I trust, will enable justice to be done to the male claimants. Patience and perseverance are honest virtues; but if, by remaining on the list of candidates, and accumulating votes, a woman under fifty-three can secure a comfortable home for life, to the exclusion of those for whom the Charity was founded, why then the excess of votes (as the debating secretaries used to prove) is a vice, and may soon ruin a misdirected Charity? Why not follow the rule of certain branches of the public service with regard to widows, or insist upon a fair division, as we do in our Masonic Charities? At all events, let us discard a system which fills our residences with widows, some of whom at the present time are little more than half the age of their husbands.

I make these observations in no captious spirit of opposition to anyone, but, as I believe, and many friends share this belief, in the best interests of an institution of which I became a supporter before it had a local habitation and a name. I am, Sir, your obedient servant,

Bedford-square, June 1st, 1869. JABEZ HOGG.

PROLAPSUS UTERI AND ITS TREATMENT.

To the Editor of THE LANCET.

SIR,—Dr. Grailly Hewitt's excellent clinical lecture in THE LANCET of last week, on the above subject, prompts me to send you the following brief history of a case that I have recently met with.

Last summer, whilst staying for a short time at a remote but picturesque little fishing village in Devon, I was consulted by a patient, who told me that for some years she had been suffering from a tumour in the womb, and it was grown so large that for a long time it had come down between the thighs, and interfered with her walking. She was upwards of sixty years of age, and the general health had evidently been damaged by the symptoms she enumerated—namely, a disagreeable and sometimes profuse dis-

charge, dragging pains in the back, painful defecation, frequent desire to pass water, loss of appetite, and inability to get about. On examination, I found it was a case of procidentia uteri. The tumour beyond the vulva appeared to be formed by the whole of the uterus, a large portion of the vagina, and probably some portion of the bladder. The posterior lip of the os uteri was covered with a large, unhealthy-looking abrasion, caused, no doubt, by friction with the dress. The uterus was completely retroverted—the os looking forwards and upwards towards the pubes; the perineum had suffered laceration to a considerable extent. The patient had been able, on lying on her back, to reduce the prolapse herself, but not always with the same facility. I found no difficulty in placing the parts in their natural position, and, as I was beyond the reach of ordinary surgical appliances, it occurred to me that a mahogany ring, such as are used for bed-curtains, might possibly form a pretty good pessary. I procured an old one, the varnish of which was smooth and hard. It measured three inches and a half in diameter, and was tolerably thick. After its introduction, which was easily accomplished, the patient lay on her back for an hour or so, and, on getting up, found that the ring kept its position, and supported the womb in a very efficient and comfortable manner. Gradually all her painful symptoms disappeared, and she recovered her usual health and activity. On my return to town I sent an ordinary guttapercha and copper-wire ring pessary to a friend of the patient's, to whom I had given full instructions for applying it. The patient, however, felt so much comfort, and was so well satisfied with the wooden ring, that she refused to have it disturbed. To keep the parts healthy I ordered her to use cold water injections daily, and so matters went on for a period of about nine months.

Having occasion to visit Devon last week, I saw my patient again. I found that the ring had retained exactly the position in which I had placed it. On removing it, with the exception of being a little rough in one or two places, it was but little changed in appearance, and was not, as I had feared, in a fetid or disagreeable condition. After well syringing the vagina with water, I introduced the pessary I had previously forwarded, which seems to answer the purpose as well, but no better, than the one I extemporised for the occasion.

The details of this single case may be useful to those who may unexpectedly be called upon to treat such cases under somewhat similar circumstances. They also go to prove, if proof were wanting, in spite of the objections to their use by many of our leading men, that pessaries are really useful—and useful, too, in bad and unpromising cases. I quite agree, however, with the remarks of Dr. Savage and others, made at a late discussion on the subject at a meeting of the Obstetrical Society, that the simpler the pessary the better.

I am, Sir, your obedient servant,

Fitzroy-square, June 7th, 1869. HENRY M. MADGE.

THE BICHLORIDE OF METHYLENE.

To the Editor of THE LANCET.

SIR,—George P——, aged twenty-eight, carpet weaver, was admitted on the 8th June with compound fracture of left radius and ulna, with destruction of arteries, and great laceration of soft parts, occasioned by machinery. The arm was amputated by Mr. Hillman below the elbow, in the presence of Mr. Stretton, Dr. Anderson Laing, and myself. Anæsthesia was very satisfactorily produced by the bichloride of methylene. There was little struggling or vascular excitement; its action being more gentle, but quite as effective, as chloroform, and there was no vomiting. Three drachms were administered on a towel (one drachm at a time), when insensibility became complete. Carbolic acid dressing was, as usual, employed, and the case is doing well.

I am, Sir, your obedient servant,

JOHN ROSE, M.D.

Kidderminster Infirmary, June 12th, 1869.

THE THIRTEENTH CASE OF OVARIOTOMY IN ITALY.—*L'Imparziale*, of the 1st of June, 1869, says that this thirteenth operation was performed by Professor Vanzetti, of Verona, on May the 2nd of the current year. The adhesions were extensive, and the patient died three days after the operation, of severe peritonitis.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE ETIOLOGY AND NATURE OF PYOHÆMIA.

THIS much-vexed question is now being discussed at the Academy of Medicine. It was set upon the *tapis* by M. Alphonse Guérin, surgeon to the Hôpital Beaujon, who communicated the notes of a case of pyohæmia, in which the employment of sulphate of quinine had brought about a cure. It is now twenty years since M. Alphonse Guérin declared himself a staunch advocate of the zymotic theory of purulent infection, and he still upholds the same view. He has been struck by the strict analogy between the symptoms of malarial fever and those of pyohæmia, and this has led him to the free employment of sulphate of quinine as a specific therapeutical agent, which he considers as being the only safe remedy wherever success may be expected. In the discussion which followed the communication of this case, the curability of pyohæmia was admitted by the Academicians. Several cases of cure have already been recorded; and that of M. Alphonse Guérin, in which the real presence of pyohæmic symptoms does not seem to admit of a doubt, is to be added to those of Bonnet, Follin, Sédillot, Vidal, Gosselin, Broca, Verneuil, &c., to mention only the French observers. The general sentiment of the Academy seemed to incline, however, towards the opinion that in such cases the favourable termination took place spontaneously, and not through the employment of sulphate of quinine, or any other therapeutical agent.

At the last meeting of the Academy, the discussion took a loftier flight, and entered on the domain of speculation and theory. The septic and zymotic theories of pyohæmia have met with two ardent advocates in the persons of MM. Verneuil and Guérin. The latter, to support the facts of the case which he related, developed to its fullest extent the zymotic theory of pyohæmia, which he considers as an infectious and specific disease, often contagious, epidemic, endemic, and sporadic, and due to the absorption of a peculiar miasm, which he compares to the vegetable miasm of malarial fever. He insists on the etiological conditions of the disease—namely, the agglomeration of the wounded, &c.; the analogy between the development of purulent infection, and of telluric infection, typhus, and other zymotic diseases; the absence of any degree of concordance between the local phenomena of the wound, and the rapidity or intensity of the symptoms of infection, &c. On the other hand, M. Verneuil warmly defends the views which have been propounded by the German school, and notably by Billroth—namely, the septic theory of pyohæmia. According to these observers, pyohæmia is only one form of a peculiar condition which attends traumatic destruction, is characterised by traumatic intoxication, and is due to the absorption of septic matter developed in wounds and suppurating surfaces. Purulent infection is therefore only the termination of traumatic intoxication; and in order to understand its nature it is necessary to investigate synthetically all the febrile phenomena observed in the wounded. As is well known, Billroth ranges the different phenomena which attend traumatic lesions under four headings: traumatic fever, secondary inflammatory fever, septicæmia, and pyohæmia. The two theories are, therefore, quite distinct.

It is not my object to insist, however, on the different points which distinguish them, nor on the objections which each has encountered, my readers being fully *au courant* of the question. I wish merely to relate what ideas are now entertained in this country touching this most important question of pathology, and thus show what progress it has made here. Until now nothing new—I mean as carrying conviction to the mind—has been advanced at the Academy by the two orators I have named; M. Alphonse Guérin having set forth *de novo* the views which he propounded about twenty years ago in a thesis, and M. Verneuil having only, in a brilliant extempore discourse, related the theories which have recently been advocated in Germany and in England. The question will, however, again be discussed at the forthcoming sittings of the Academy; and if no collection of facts or experiments, definitely settling the question,

be brought to light, at least some good may be expected from the proper discussion of existing theories.

This was M. Verneuil's [illegible] at the Academy; and his friends and admirers, who know his varied abilities as an elegant and fluent orator, were not disappointed in the expectations which they had formed of his maiden speech.

LIGATURE OF THE SUBCLAVIAN ARTERY.

A few days ago M. Panas, of the Hôpital St. Louis, applied a ligature to the subclavian artery, at the outer side of the scaleni muscles, in a female patient aged fifty-four. On the 4th of May the patient had had her shoulder dislocated, when reduction was effected without difficulty. On the 10th following she was sent to the convalescent institution of Vésinet, and at that time nothing peculiar was to be observed in her condition. During her sojourn at the asylum, however, diffuse aneurism formed in the situation stated. When she returned to St. Louis on June 10th, there existed a considerable effusion of blood, descending laterally to the base of the thorax, and having determined in the situation of the armpit and left arm a voluminous tumour. The tumour distended the skin considerably; gangrene ensued, and brought on hæmorrhage, and this necessitated the application of a ligature to the left subclavian. In my next letter I shall send some further notes on this interesting case.

PRIZES OF THE ACADEMY OF SCIENCES.

The annual public sitting of the Academy of Sciences took place yesterday, when the usual prizes were distributed. Amongst those which more especially relate to the medical sciences I may just mention the following:—Prize of Experimental Physiology: M. Gerbe. Prize of Medicine and Surgery: 2500 francs to M. Valentin; 1500 francs each to MM. Feltz (for his researches on Embolism), Flint, and Raciborsky (for his Treatise on Menstruation). The works of MM. Larcher père, Gobaux, Jaccoud (Clinical Lectures), Grandoy, Susini (Experiments on Vesical Absorption), Cabadé, Hayem (on the different kinds of Encephalitis), were honourably mentioned. MM. Collin, Gréhant, and Labordette received various sums of money, as a provision wherewith to continue their experiments. The Brébant Prize (100,000 francs, for the discovery of a means of curing Asiatic cholera) was not distributed; but the following gentlemen were gratified with various sums as an encouragement for their labours:—M. Lorain, 2500 francs; M. Brébant, 1500 francs; M. Nicaise, 1000 francs.

THE HARMLESSNESS AND ADVANTAGES OF THORACOCENTESIS.

In the able Report which M. Besnier has just read to the Medical Society of the Hospitals, on the medical constitution of Paris during the months of March and April, there is a very interesting remark touching the harmlessness and benefit of thoracocentesis. During the period referred to, twenty-five cases of severe pleurisy had occurred in the various hospitals. The operation was performed in fourteen cases with complete success; and it was observed that the patients who were punctured recovered much more speedily than those in whom the slightness of the effusion did not seem to necessitate any surgical intervention. In four of the cases wherein the operation was performed, the effusion was not abundant, and the effects proved quite as satisfactory. These results speak highly in favour of thoracocentesis; and the time may come when the operation will be performed in cases of slight pleuritic effusion, to the utter neglect of blisters, purgatives, diuretics, and depletive measures, which often weaken the patient, and cause him great suffering.

FRACTURE OF THE LOWER PORTION OF THE LEG.

Some interesting data touching the above injury have been brought forth in a discussion which is now going on at the Imperial Society of Surgery. M. Verneuil has presented a thesis, written by one of his pupils, in which it is stated that nineteen cases of complicated fracture of the lower third of the leg were treated by occlusion by means of collodion, and that in seventeen of the cases recovery was most speedy and complete. It appears, besides, that in the two cases in which death ensued the fatal termination was due to other causes than the fracture. These results are indeed most satisfactory, and would constitute a great gain to conservative surgery, unless this is merely a "lucky series" of cases. One of the members observed that, though he had no positive data w[illegible] upon to base his conclusion, he thought that in cases [illegible] fracture of the leg communicating with the joint [illegible] with the outer space, immediate amputation should be [illegible] law. The majority of the assembly, however, demur [illegible] to this view, and expressed themselves in favour of [illegible] pectant and conservative procedures. It is obvious th[illegible] there are many circumstances which should be taken into account whilst considering the course to be adopted in each case: the general condition of the patient, the existence of a certain diathesis, the cause, extent, and nature of the lesions, &c., must be carefully weighed, and [illegible] all exert their influence as a guide to the surgeon.

PROPHYLAXIS OF CHOLERA.

This subject was again taken up at a late meeting of the Academy of Medicine. MM. Barth and Briquet expressed a fear that the opening of the isthmus of Suez would conduce to the propagation and development of cholera in Europe. Would not the choleraic pilgrims, coming from Mecca, thus meet with greater facilities for forming, in their debarkation at Suez or Alexandria, seats of infection and propagation, whence cholera would irradiate in Europe? Or would not ships coming from the Mauritius, where cholera often reigns epidemically, transfer the seeds of the disease to Egypt? M. Fauvel answered both these questions. The pilgrims coming from Mecca would not be allowed by the Egyptian Government to pass by Suez. This would also apply to ships coming from the Mauritius. M. Fauvel insisted on the preventive measures which should be taken by the Egyptian Government against the choleraic pilgrims coming from Mecca. It is to that point that the whole efforts of European Governments should be directed, for the communications between Egypt and the European countries were so constant and multiplied that, if Egypt were once infected, the other countries could scarcely be preserved.

Paris, June 15th, 1869.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

THE question of the day has perforce made all the members of the Irish Medical Association politicians for the nonce; and no matter what be our shade of politics, we are all here most anxiously discussing the question, Will the Lords reject the Church Bill? and if they do, what course will Mr. Gladstone adopt. Nor is it to be supposed that this question is so earnestly discussed on account of its own intrinsic political importance, but rather with reference to how it will effect the position of the Bill for the Superannuation of Irish Medical Officers employed under the Poor Laws and Medical Charities Acts, fixed for second reading upon the 23rd inst. Should nothing of an untoward nature occur to prevent its being considered upon that evening, we of the Association feel sanguine that it will be advanced a stage, and that ere the present session closes it will become law,—a consummation most devoutly to be wished. Not that it can be considered a full measure of justice to a most deserving, over-worked class of our professional brethren; rather will it be an instalment, or a prelude to far more liberal and equitable legislation.

It is pretty generally whispered amongst our legal circles that the melancholy mistake which recently occurred in one of the leading medical compounding establishments in this city, whereby poor Mr. Guinness lost his life, is likely to come before our courts, inasmuch as some of the insurance companies in whose offices his life had been insured, intend taking legal proceedings against the firm in question, to recoup themselves the amount of the insurances which, in consequence of his death, they are now called upon to pay. Never did a more unfortunate accident happen, nor one against the occurrence of which more careful precautions could apparently have been taken. The firm for years past has enjoyed the very highest reputation for skill and care in the compounding of prescriptions, and had just been reinforced by the introduction of new blood in it, by associating with the old partners one of the gentlemen who had

long been in its employment, and who had by his exertions enhanced the high reputation of the house. Every precaution, however, was set at naught by the stupidity of an *employé*; and by the disregard of the rules laid down by the managers for the prevention of the possible occurrence of any accident, the mischance arose which has had so melancholy and fatal a termination.

Dublin, June 15th, 1869.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members, having passed the required examination for the Fellowship on May 31st and June 1st, were, at a meeting of the Council held on the 10th inst., duly admitted Fellows of the College:—

Aveling, Chas. T., M.B. Lond., Homerton; diploma of membership dated May, 1865.
Beck, Marcus, M.B. Lond., Isleworth, Middlesex; July, 1865.
Bradley, Samuel M., Manchester; June, 1862.
Bush, John D., Hanover-square; May, 1866.
Coates, Matthew, Wellington-road, St. John's-wood; January, 1859.
Fuller, Charles C., Albany-street; February, 1856.
Jones, George T., Watford, Herts; July, 1849.
Michell, Thomas, M.B. Lond., Redruth, Cornwall; December, 1859.
Robson, Frederick A. H., M.D., Great Marlborough-street; June, 1856.
Savage, Thomas, M.D., Bordsley, near Birmingham; November, 1860.
Sims, Francis M. B., L.R.C.P., Down-street, Piccadilly; November, 1865.
Tay, Waren, Finsbury-square; April, 1866.
Walker, George E., Downshire-hill; April, 1863.
Winkfield, Alfred, Radcliffe Infirmary, Oxford; December, 1859.
Woodcock, John R., Holcome, Manchester; July, 1861.
Wright, Robert T., M.D., Royal Victoria Hospital, Netley; April, 1866.

It is stated that all the candidates admitted to examination were successful.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 10th:—

Holland, Neville, St. Ives, Hunts.
Kidd, John George, Shepherdess-walk.
Roberts, Robert, Barcelona, Spain.

As Assistant in Compounding and Dispensing Medicines:—

Holt, Wm. Henry, Altrincham, Cheshire.

The following gentlemen also on the same day passed their first examination:—

Allnutt, William, King's College.
Morris, John Edw., St. Thomas's Hospital.

UNIVERSITY OF CAMBRIDGE. — T. Calliphronas, of Caius College, has been elected to a scholarship for Chemistry; and W. Simpson, of the same College, has been elected to a scholarship for Anatomy and Physiology. The latter gentleman is a son of Sir James Simpson. Hicks, Lee, and Adams have all obtained prizes for Natural Science in Sidney College. These gentlemen are already Natural Science scholars of the College.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At the ordinary monthly meeting of this Society, held on Monday, June 7th, 1869, J. H. Barrett, Esq., in the chair, Mr. Alfred Coleman read a paper "On the Treatment of Periodentitis by Replantation," and Mr. Snape, of Chester, read a paper "On Electricity as a Local Anæsthetic."

MEDICAL TEACHERS' ASSOCIATION.—At the meeting this evening (Friday), the following will be the agenda:—Replies of educational bodies in receipt of the Report of the Medical Teachers' Association: Reply from the Royal College of Surgeons of England; reply from the University of Aberdeen; reply from the Registrar of the General Medical Council. Consideration of the course of procedure to be adopted for the purpose of promoting the views of the Association. Draft Report of the Council on Clinical Instruction and Examinations.

NEW ENACTMENT TOUCHING MEDICINE IN PRUSSIA.—The North German Parliament has paid due regard to the complaints of the profession: the obnoxious clause in the law relating to the practice of medicine is withdrawn. The clause runs thus:—"Medical men are obliged, under a penalty, to attend anyone who may request their assistance." The tyrannical tendency of such a law raised the ire of the whole medical body, who felt that, with the well-known self-denial, and readiness to fly to the rescue of suffering humanity, of which so many proofs have been given by medical men, the clause was an insult to the profession.

SERIOUS opposition is threatened to the scheme of the West Derby local board for discharging the sewage of their district on the foreshore of the Mersey at Waterloo. A memorial is to be presented to the Home Secretary by the inhabitants of Waterloo and the neighbourhood protesting against the scheme.

TYPHUS AT NAPLES.—This epidemic is not on the decline. On April 1st, 89 cases were under treatment in hospitals. During the month 412 new cases were admitted, of which 329 recovered, and 43 died.

ACCIDENT TO PROFESSOR BUNSEN, OF HEIDELBERG. — This eminent chemical philosopher has lately been severely wounded in the face and hands by a laboratory explosion. It will be remembered that Professor Bunsen almost lost an eye some time ago by a similar explosion, but completely recovered. It is to be hoped that the present accident will have as favourable an issue as the former.

THE ORIGINAL STETHOSCOPE VERSUS THE SOLID STETHOSCOPE.—A controversy is just now going on between Dr. Niemeyer, of Magdeburg, and Dr. Sommerbrodt, of Breslau, on the above subject. It will be remembered that the former considered the solid instrument far preferable to the perforated, the reverse being the opinion of the latter. We have in this country experienced stethoscopists; it would be worth while to discuss the question. From a few trials instituted by ourselves, we are inclined to favour Laennec's original instrument.

MEMORIAL TO THE LATE DR. DE BEAUVOIR DE LISLE. — A stained glass window to the memory of this lamented gentleman, subscribed for without solicitation, and, indeed, it may be said spontaneously, by the friends and grateful patients of the deceased gentleman, is now being placed in the town church, Guernsey,—forming an additional embellishment to the fine old structure. The design—a most appropriate exemplification of him in whose honour the window is erected—is intended to illustrate Our Lord's parable of "the Good Samaritan." In the three main lights the parable is thus represented:—1st. The Good Samaritan pouring oil into the wounds of the man who fell among thieves. 2nd. The Good Samaritan bearing the wounded man on his beast to the inn. 3rd. The Good Samaritan on his departure commending the poor man to the care of the innkeeper. In the tracing, Our Lord and the angelic host are represented. The text is: "Va toi aussi, et fais de même." And the inscription at the base runs as follows:—"A la gloire de Dieu, et en mémoire de De Beauvoir de Lisle, Docteur en Médecine, né le 29e Mai, 1806; décédé le 27e Septembre, 1868,—ses amis et compatriotes ont fait faire ces vitraux."—*Guernsey Star.*

OBITUARY.—A large circle of friends, and the inhabitants of Southampton and its neighbourhood in particular, have sustained a great loss in the recent death of Dr. Joseph Bullar. He was a graduate of Edinburgh, and a man of considerable attainments. He enjoyed a large practice in his native town, and for about thirty years he bestowed a large portion of his time upon the infirmary, one wing of which building bears his name. Dr. Bullar was a Christian gentleman, and the possessor of a thoughtful scholarly mind. The first and second series of "Evening Thoughts," by a Physician, published by Van Voorst, were his production.

Medical Appointments.

BOTHWELL, G. G., L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 of the Cleobury Mortimer Union, vice E. B. Whitcombe, M.R.C.S.E., deceased.

BOWRING, G., M.R.C.S.E., has been appointed Medical Officer for the Workhouse Hospital, New Bridge-street, Manchester, and for the Workhouse at Crumpsall.

CANTRELL, Mr. M. H. F., has been appointed Medical Officer for the Winster District of the Bakewell Union, Derbyshire, vice Spencer, deceased.

COOK, Dr. R. F., has been appointed Surgeon to the Gateshead Dispensary, vice G. J. Bennett, M.R.C.S.E., deceased.

COPPINGER, Dr. A. W., has been appointed Resident Medical Officer to the Eastern Dispensary, Bath, vice E. Exell, L.R.C.P.Ed., resigned.

CROSS, J., B.A., has been appointed a Physician's Assistant at the Middlesex Hospital, vice Bale, whose term has expired.

DAVIES, F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Isleworth or No. 6 District of the Brentford Union, Middlesex, vice J. G. Mackinlay, L.R.C.P.L., resigned.

GODFREY, J. J., M.R.C.S.E., has been appointed Medical Officer for the Cleobury Mortimer Union Workhouse, vice E. B. Whitcombe, M.R.C.S.E., deceased.

GRIFFITH, W. B., L.R.C.P.Ed., has been appointed Medical Officer for the Osmotherly District of the Northallerton Union, Yorkshire, vice T. Watt, M.D., resigned.

HART, Dr. P. J., has been appointed House-Surgeon to the South Salop and Bridgnorth Infirmary, vice S. R. Smyth, L.R.C.S.I., appointed Medical Officer to the Bury Dispensary.

HEYCOCK, F. B., M.B., C.M., has been appointed Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

I'ANSON, T. F., M.D., has been appointed Certifying Factory Surgeon for Whitehaven, vice J. D. Fidler, M.D., deceased.

IRELAND, R. J., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballindine Dispensary District of the Claremorris Union, Co. Mayo, vice P. B. Reynolds, L.K.Q.C.P.I., resigned.

JAMES, W. A. G., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Lunedale Union.

KELLY, C., M.D., has been appointed Assistant-Physician to King's College Hospital.

LAUGHNAN, Dr. E. B., has been appointed Medical Officer and Public Vaccinator for the Ballinamore Dispensary District of the Bawnboy Union, Co. Leitrim, vice J. Teevan, M.R.C.S.E., resigned.

LAWTON, F., M.R.C.S.E., has been appointed Medical Officer for the Chiddingfold District of the Hambledon Union, Surrey, vice G. F. H. La Fargue, M.D., resigned.

LUNDEN, T., M.D., has been appointed Assistant Medical Officer for the Poorhouse and Annexation District, Govan, Lanarkshire, vice J. Godfrey, L.R.C.S.Ed., deceased.

M'DERMOTT, Dr., has been appointed Medical Officer for the Ballycroy Division of the Achill Dispensary District of the Newport Union, Co. Mayo, vice E. A. Mullins, L.K.Q.C.P.I., resigned.

M'PHERSON, R., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Kirkmichael, Banffshire, vice J. Grant, M.D., resigned.

MURPHY, W., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 3 and 4 of the Lutterworth Union, Leicestershire, vice W. Gimson, M.R.C.S.E., deceased.

NICHOLS, Mr. S., late Dispenser to the Sheffield Infirmary, has been appointed Dispenser to the Bristol Royal Infirmary, vice Mr. J. Monkman, resigned.

OPPENHEIM, Dr. L., has been appointed Assistant-Surgeon to the Royal South London Ophthalmic Hospital, St. George's-circus, S.E.

PERCIVAL, T., M.R.C.S.E., has been appointed Medical Officer for the Cawood and part of Riccall District of the Selby Union, Yorkshire, vice J. F. Milner, M.R.C.S.E., resigned.

REYS, W., M.R.C.S.E., has been appointed Surgeon to the Rhondda Steam Coal Collieries, Glamorganshire, vice Wm. Evans, L.R.C.P.Ed., deceased.

WHARTON, J. F., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Coxhoe District of the Durham Union, vice J. Carnes, M.R.C.S.E., deceased.

WILLMORE, Mr. W. E., has been appointed Secretary and Dispenser to the Metropolitan Provident Dispensary.

WILLIS, M., M.D., has been appointed Medical Officer for the Lower District of the Aysgarth Union, Yorkshire.

YEO, I. B., M.D., has been appointed Assistant-Physician to King's College Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BUCHANAN.—On the 5th inst., at North Frederick-street, Glasgow, the wife of J. R. Buchanan, L.F.P. & S. Glas., of a daughter.

CHESTER.—On the 12th inst., at Penally, Pembrokeshire, the wife of Assist.-Surgeon Chester, F.R.C.S.E., of a son.

CRANE.—On the 14th inst., at Hallaton, Leicestershire, the wife of Chas. A. Crane, M.D., of a daughter.

DAVIS.—On the 6th ult., at Coimbatore, East Indies, the wife of W. Farquhar Davis, M.D., F.R.C.S., of a son.

ELLERY.—On the 11th inst., at the Shrubbery, Axminster, Devon, the wife of H. J. Ellery, M.D., of a son.

SAVAGE.—On the 9th inst., at Nent Head, Cumberland, the wife of Geo. H. Savage, M.D., of a daughter.

MARRIAGES.

O'BRIEN—GOULD.—On the 1st inst., at St. John's, Manchester, Edward T. O'Brien, L.K.Q.C.P.I., to Ellen B., widow of W. Gould, Esq., and daughter of J. Baxendell, Esq.

RYDER—JOHNSON.—On the 10th inst., at St. Saviour's Church, Croydon, Richard Ryder, L.R.C.S.I., &c., of Queen's-road, Dalston, Middlesex, to Elizabeth Mary, second daughter of the late Henry Johnson, Esq., of Thornton-heath, Surrey.—No Cards.

WILKINS—JAKINS.—On the 10th inst., at the Wesleyan Church, King's-cross, London, John Canning Wilkins, M.R.C.S., of Brixton-road, to Emma Vosper, eldest daughter of I. N. Jakins, M.R.C.S., of Osnaburgh-street.

DEATHS.

BARCLAY.—On the 8th inst., at Glasgow University, Bruce Barclay, M.D.

BARKER.—On the 2nd inst., E. R. Barker, M.D., of Beaumaris, aged 29.

BASSANO.—On the 7th inst., P. M. Bassano, of Camden-grove, Peckham, Apothecary to the Forces, aged 83.

JOHNSTONE.—At La Bauche, Gonet, France, Hugh Cameron Johnstone, M.D., aged 47.

KINNEAR.—On the 11th inst., Dr. Thos. Kidston, of Glasgow, formerly of Stirling.

MACKIE.—On the 9th inst., James Mackie, M.D., of Greenock.

PARSONS.—On the 11th inst., at New Cavendish-street, Portland-place, Dr. Samuel Parsons, aged 61.

SCOTT.—On the 1st inst., Thos. A. F. Scott, M.R.C.S.E., of Knighton, Radnorshire, aged 34.

Medical Diary of the Week.

Monday, June 21.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. "Cases of Aneurism" by Mr. Hilton, Mr. Birkett, and Dr. Hilton Fagge; and other papers by Mr. Hutchinson, Mr. Carter, Dr. Dickinson, and Dr. John Harley.

Wednesday, June 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, June 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, June 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, June 26.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

LIFE ASSURANCE AND FEES FOR MEDICAL REPORTS.

OUR attention has been directed to a very good arrangement, by which the claims of medical practitioners as regards the fees due to them for confidential medical reports on lives, and the interests of Insurance Offices and their clients, may best be satisfied. The arrangement is carried out by the Albion Life Assurance Society. It may possibly be adopted by other Societies as well, but we have no present knowledge of the fact. The proposer for life assurance receives a "form," containing a series of interrogatories on the one side, which he is compelled to fill up and attest by signature in the presence of a practitioner, who then makes a confidential report to the Office, by filling in answers to a series of questions on the other side of "the form" in question, and transmitting "the form" himself to the Office in which the life *is* to be insured. The proposer at the time of his examination by the private practitioner pays the latter a fee, which the Office allows to the proposer. Appended to the series of questions in the "confidential medical report," as it is called, are the following directions, addressed to the practitioner:—"The medical examiner making the above report will receive his fee from the assurer at the time of examination, giving a receipt therefor, which will entitle the assurer to a repayment of the fee from the Office by deduction from the premium. This plan is adopted by the Society as a matter of convenience in saving remittances, and in lieu of requiring a deposit with the proposal." A special form of receipt is appended. It seems to us that this plan is the one that might be universally adopted. It would effect an immense saving of time and trouble in the conduct of the business of Insurance Offices, and it would remove a cause of very general dissatisfaction on the part of medical practitioners, which is by no means conducive to the welfare of Insurance Offices. The medical man has a right to expect that he will receive his fee at the time he consults with his client and makes his report. Why should he not? Even on the score of saving of time and trouble, it would effect very much good; for it cannot be doubted that the trouble to which both clients and medical men are often put in carrying on a lengthy and disagreeable correspondence acts as a deterrent to assurance in a large number of cases. We commend this matter also to the close attention of the profession, who can do much to bring the Assurance Companies to consider it.

DEFECTIVE REGISTRATION.

THE Liverpool Northern Medical Society has forwarded to the Home Secretary a memorial, setting forth the laxity which prevails at cemeteries in respect of the interments of still-born children on certificates accepted without proper inquiry; and stating that, without doubt, many infants born alive are interred as still-born, partly to avoid increased expense, and partly to avoid exposure when the child is illegitimate. The memorial points out the necessity for the appointment of an inspector of deaths, for making the registration of all births compulsory, and for a provision in the law requiring, in all cases of still-birth where a medical certificate is not produced, that the midwife in attendance, together with the father of the child or the occupier of the house, shall attend personally to register the still-birth, and be liable to the usual penalty for making a false declaration. The memorial further expresses belief that measures of this kind would prove "a great check upon a practice which it is to be feared prevails more than is generally supposed—viz., the procuring of abortion." An answer has been received from the Home Office, informing the Secretary of the Society that the subject shall be taken into serious consideration.

L.S.A. can recover for the advice, provided the case to which he refers was a medical one. There is no certainty in the view which a County Court judge or a jury might take as to the amount of the remuneration.

Alpha.—We would recommend those by Ellis in preference to either of those named.

P.—Dr. Seaton's Handbook of Vaccination, published by Macmillan and Co.

VACCINATION ARRANGEMENTS IN THE CRICKHOWELL UNION.

To the Editor of THE LANCET.

SIR,—Our attention has been directed to an article in THE LANCET of the 22nd May last, blaming the manner in which the vaccination districts of Crickhowell Union have been arranged, and also the appointment of our present public vaccinator, which has been more particularly commented upon in a petition to the Poor-law Board from certain guardians of Llanelly parish, and a copy of which you have inserted in your issue of May 29th.

As the arrangements of the vaccination districts and stations of Crickhowell Union was deputed by the Board to us, the undersigned (in conjunction with an elected guardian, who did not attend our meeting), and as it is quite clear your article has been written under a false impression as to the facts of the case, we think it our duty to explain the matter to you fully, especially as the Poor-law Board has been unjustly blamed in this matter, and also seeing that the professional standing of our vaccinator has been publicly attacked. We, therefore, assert that it is not the fact, as stated in your article, that Mr. Tuckett "*received notice to terminate his contract, under the pretence of giving him the benefit of the new scale of fees;*" for it was Mr. Tuckett who himself gave notice to terminate his contract, we presume with the hope of obtaining the larger fees now granted by law. He was, of course, perfectly justified in doing this; but no one was justified in representing to you that *he had received* notice from the Board of Guardians to terminate his contract. In regard to the arrangement of the districts, our object was so to place them as to obtain vaccination at the least possible cost to the ratepayers, with the greatest convenience to persons desiring vaccination; and we confess that we also wished to arrange them with these objects, and at the same time enable Mr. Tuckett to continue as public vaccinator; but as he would not, or could not, reside in the most populous part of our union, it was not possible to fix the stations at the least cost to the ratepayers, and you would surely not expect us to sacrifice the interests of the ratepayers to the personal convenience of any individual. We have the satisfaction of knowing that our decision has met with the approval of our Board of Guardians, as being the most convenient to the public, and at the least possible cost to the ratepayers. It is not the fact that we were influenced by Dr. Seaton, for we had no communication whatever with him. Neither were we coerced or even guided in any manner by the Poor-law Board: they only drew our attention to the law, that a town shall not be *divided* into vaccination districts, and also that stations must be within certain distances of the *bond-fide* residence of the public vaccinator, to have this operation performed at the allotted prices, particularly pointing out that a mere surgery could not be considered a *bond-fide* residence.

In regard to the appointment of the present vaccinator, we had no further influence in it than giving our two votes among the ten that voted in his favour. The minority of four against him consisted of those who signed the petition we have alluded to, which stigmatises him as a "*young and inexperienced practitioner*," which is strange, seeing that two of the most important petitioners (the *ex-officio* guardians) did in 1868 most warmly support this "young and inexperienced practitioner" as medical officer and vaccinator against a gentleman whose practice far surpasses that of Mr. Tuckett. It appears from this that twelve months of actual practice as a medical officer to our union and also vaccinator adds to his youth and inexperience.

We will not comment upon the slur cast in the petition upon every practitioner in this locality, save Mr. Tuckett, as it is not our place to defend those gentlemen.

We are, Sir, your obedient servants,

MARTYN J. ROBERTS, F.R.S. Edin., J.P. & D.L. for Breconshire, and J.P. for Monmouthshire.
GEORGE LEWIS HILEY, elected Guardian for Llanelly in the Crickhowell Union.

Crickhowell, June 9th, 1869.

CLAIM FOR MEDICAL SERVICES.

DR. ROBERT BENNETT, of Buxton, lately sued Mr. Collins for £17 12s. 6d. in the County Court. The charge was chiefly for attendance upon the son of the defendant, who had been severely burned. The father admitted that the doctor had done well for his son, but argued that he had *only* attended him seven months. Judgment was given for the plaintiff for the amount claimed. The charge is a very moderate one, and the objection to pay it comes with very ill grace from a father who admitted that the doctor had done well for his son over a period of seven months.

A Student, (University College.)—The silly production is noticed in another part of the journal.

COURTESY TITLES AND THE UNIVERSITY OF LONDON.

SOME further correspondence has taken place between the Undergraduate of the University of London who, after passing the First M.B. Examination, assumed to himself "the title of Bachelor of Medicine of the University of London," and the Registrar, and the matter to which it referred has been properly adjusted. As the differences of opinion in regard to the use by right and by courtesy of titles are very great, it is satisfactory to know that none can exist with regard to the University of London. The Senate, through its Registrar, has once more most emphatically defined the proper significance of the degrees which it grants, and has absolutely forbidden any of its graduates or undergraduates to assume any title or honour simply on the plea of "courtesy." The Registrar writes to the offending First M.B. graduate:—

"The Bachelor of Medicine obtains his degree by passing examinations in all departments of medical study; but an undergraduate who has passed only the First M.B. Examination has only shown his acquaintance with anatomy and physiology, chemistry and materia medica; none of which subjects have any direct relation to medical practice.

"Again, a *Bachelor* of Medicine has the same legal title to practise medicine that is possessed by the *Doctor* of Medicine; and in the Universities of Oxford and Cambridge no further examination is imposed on a Bachelor of Medicine for his admission to the Doctorate. But the undergraduate who has passed only the First M.B. Examination has to go through a course of two years' study, and a very stringent examination in practical medicine, surgery, and midwifery, before he can acquire the Bachelor's degree, and obtain a legal title to practise medicine.

"But further, although it has been customary to give the courtesy title of *Doctor* to *Bachelors* of Medicine of Oxford or Cambridge, that custom has never been admitted in this University, which requires its Bachelors of Medicine to go through a further period of study and a higher examination for admission to its Doctorate. 'The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right as such to assume the title of Doctor of Medicine' (Regulations, p. 122).

"I am instructed to inquire whether, after this distinct expression of the views of the Senate, it is your intention to persist in the assumption of the designation of 'Bachelor of Medicine' of the University of London.

"I am, Sir, your obedient servant,

"Wm. Hodges, Esq." "WILLIAM B. CARPENTER.

The reply is as follows:—

"Cirencester, May 1st, 1869.

"SIR,—I have received your note this morning, conveying the decision of the Senate respecting the adoption of the letters M.B. by me as an undergraduate in Medicine. In reply thereto, I beg to say that I am happy to have had this matter authoritatively settled; and now that there is no longer any doubt about it, that I will henceforth cease to use the title until I have an acknowledged claim to it. My door-plate shall be removed in the course of a few days; indeed, as soon as I can get another engraved. I trust this undertaking will be satisfactory.

"I am, Sir, your obedient servant,

"Dr. Carpenter." "WM. HODGES.

The example set by the Senate of the University of London might with advantage be imitated by other degree-granting bodies.

Quæsitor.—Surgeons to passenger-ships must have one qualification. They are paid by the month; or, in emigrant ships, according to the number of passengers landed.

THE concluding part of *Dr. Brown-Séquard's* second lecture will appear next week.

PREGNANCY AND LABOUR AFTER OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—At page 816 of your last number, an incorrect report—evidently a misprint—is given of some remarks of mine at the Obstetrical Society. Will you, therefore, allow me to express my real meaning, which was, that of more than twenty patients who had recovered after ovariotomy in my practice, and had subsequently become pregnant, I had not heard of one case in which there was any unusual suffering or difficulty during pregnancy or labour. I am, Sir, your obedient servant,

T. SPENCER WELLS.

Upper Grosvenor-street, Grosvenor-square, June 16th, 1869.

ADVERTISING BY HANDBILL.

THE following handbill has reached us. It is one specimen of the way in which a member of a great College may forget both its dignity and his own. What does the profession in Sheffield say to such an alliance with chemists, and to such an advertisement of the fact? We are informed that the bills have been delivered very freely over a considerable part of the town:—

"MEDICAL ADVICE, GRATIS.—W. J. Mountain, Esq., M.R.C.S., Surgeon, may be consulted daily, from six to eight in the evening, at Hornby and Newham's, Dispensing Chemists, No. 13, High-street, Sheffield."

Mr. Robert Harrison.—We see nothing in our correspondent's letter or his initials which entitle him to the information which he asks for. Our allusion to the subject was quite general and impersonal.

A Subscriber to THE LANCET.—Any of the old-established Life Offices would make the requisite arrangements with our correspondent.

LEAD-POISONING.

To the Editor of THE LANCET.

SIR,—Observing in THE LANCET of June 12th an annotation headed "A New Source of Lead-poisoning," I am tempted to bring under your notice a source of lead-poisoning which, I fear, cannot be considered new. I allude to a common practice among plumbers of periodically painting the *insides* of water-tanks, whether made of lead or iron, with *red lead*, in order to preserve them from corrosion. You will be doing a public service by protesting against the practice in question, an instance of which has just occurred in this town. Yours obediently,

Kington, Herefordshire, June 15th, 1869. VERITAS.

PUBLIC ANALYSTS.

UNDER the Adulteration of Food or Drink Act (1860), the power of appointing an analyst is vested, beyond the metropolitan limits, in the courts of quarter sessions in every county, and in the town councils of boroughs having a separate court of quarter sessions. Now there are in England many and large boroughs possessing town councils, but without separate courts of quarter sessions. Middlesborough, a case in point, has a population of 36,000, and under the present law its town council must take the necessary proceedings for the appointment of an analyst at the court of quarter sessions for the North Riding, which are held at Northallerton, a very small town twenty miles off. The council has, therefore, petitioned Parliament to make provision in the Bill for amending the Act, now before the House of Commons, vesting the appointment of analysts in the town councils of all boroughs having municipal representation, whether such boroughs have separate courts of quarter sessions or not. As all town councils in Scotland, without any reservation, and the vestries and district boards in the metropolis, have power to make these appointments, there seems no valid reason why the English municipalities of all classes should not be placed on a similar footing. The fewer obstacles there are in the way of such appointments the better.

A very Old Subscriber.—The work is not one of any professional value. It will probably be noticed in our pages at some future time.

Visitor wishes to know where he can obtain particulars as to the climate of Rio de Janeiro, with special reference to the prevalence or absence of fever?

Query.—A more objectionable advertisement we never saw.

MECHANICAL AND VITAL ACTION.

"If it be possible to 'perfect' mankind, the means of doing so will be found in the medical sciences."—*Descartes.*

To the Editor of THE LANCET.

SIR,—With reference to the notice of a paper of mine, "On the Identity of Mechanical and Vital Action," which appeared in your journal of May 22nd, perhaps you would have the goodness to publish, at your convenience, the following brief remarks, further explanatory of my thesis, for the examination and consideration of the medical profession.

The postulate I feel myself justified in attempting to place, as the result of experimental data, on a physical and demonstrable basis, is one that has long been supposed to be a very likely one. I need not allude to the ideas of the ancients, Orientals or Greeks, but shall limit my allusions to quite modern times—since the discovery, towards the close of the last century, of oxygen gas by Priestley, the identity of electricity and lightning by Franklin, and the establishment by Lavoisier of the principles of modern chemical philosophy. Since that epoch it has always been supposed likely that the brain and nerves acted by means of this universal "force," which in later times has been proved to be one of the forms of cosmical energy, which manifests itself also as attraction, light, and heat. A great number of modern savans, since the codification of this force, have broached the idea of the identity of vital and physical action, among them some of the greatest minds who, during the last sixty years, have illustrated the scientific literature of England, France, and Germany. There have been, indeed, systematic works on the science and art of physic, written on the assumption that nerve force was electrical; and, indeed, so likely does this seem, so consonant to the general analogies of Nature—always sparing of means, prodigal in results, and ever exhibiting multiplicity of phenomena combined with unity of "causes,"—that hardly any work on Physiology is now ever written without entertaining this hypothesis, and, I may add, without generally discrediting it, on data which, I consider, are quite inconclusive. I beg to refer you and your readers especially to Dr. Hughes Bennett's article, "Physiology," in the last edition of the "Encyclopædia Britannica" for a very judicious statement of the case at issue.

My fact, which I pretend throws quite a new light upon this controversy, is one so apparently simple and insignificant that it may well at first sight, and till its significance becomes familiar to the mind, excite a smile of derision and incredulity. But I confidently submit that if we assume that oxygen gas is capable of existing in the four conditions known to chemists as solid (ice), liquid (water), gaseous, and imponderable, we not only eliminate every difficulty, but find we have got hold of a fertile principle—an instrument of inexhaustible power in the synthesis and analysis of phenomena in the domain both of mind and matter. And I submit that some experiments of mine, which are elaborately detailed in the memoir alluded to, "On the Identity of the Vital and Cosmical Principle"—viz., my being able to exalt nervous action by highly oxygenated agents like water, and to depress it by deoxygenated substances like ammonia, competently substantiate my position.

I would further remark that if oxygen be, in one of its forms, a member of the group of physical forces, we get rid entirely, not only of any immaterial principle of vitality, but also of any distinct nerve force apart from the active principle of life in other tissues of the animal economy. Oxygen, I need not say, is essential to all vital functions. Every organ or molecule of an organ dies when not supplied with oxygenated blood; so that if we conceive that this vital air in the ultimate parenchyma of organs is converted into imponderable force, we may conclude that the vitalising agent is the same for *all* the tissues, but that *each* has a *propre cie* of its own according to histological differences: I mean that one material entity manifests all forms of vital energy, though its special manifestation differs according to the several structures specified by general anatomy.

I am, Sir, your obedient servant,

Army and Navy Club, June 12th, 1869. ROBERT LEWINS, M.D.

Lignum is entitled to charge for his attendance after the confinement, although it is customary to include one subsequent visit in the fee. The amount charged for the attendance should depend on the custom of the practice, the means of the patient, and the distance of the residence—data with which we have not been furnished.

Dr. H. Lydall.—Thanks.

R. B. (Brighton.)—We cannot forward private answers. Let our correspondent consult a respectable medical man, and avoid quacks.

Not DEAD!

A CORRESPONDENT sends us a clip from a local paper, to the effect that a doctor had erroneously said that a woman who had dropped down was dead. When the police were about to remove her to the deadhouse, she recovered her consciousness, and walked away. She declined giving her name. It is conceivable that even a doctor should be mistaken, and we agree with our correspondent that too much care cannot be taken in giving a judgment upon such cases.

One who was a Surgeon's Dispenser.—Our correspondent is quite right in his reading of the Pharmacy Act Amendment Bill. Those only who have been engaged in dispensing as assistants to chemists are, or will be, entitled to registration as chemists and druggists on passing a modified examination. We believe the promoters of the Pharmacy Act had no desire to increase the number of *prescribing druggists*, and the class to which he alludes would be the most likely to furnish hybrids of that description.

CORPULENCY.

Mr. Alfred W. Moore writes to us, complaining that the public press has given to the wrong person the credit for successfully treating corpulency.

An Incredulo.—The circular is beneath notice.

FOREIGN BODIES IN THE AIR-PASSAGES.

To the Editor of THE LANCET.

SIR,—I have just read with much interest the two cases reported in your impression of May 22nd, under the care of Mr. Birkett. If you think the two following worthy of record, they are at your service.

E. H——, a girl about fifteen years of age, came to my surgery on a Sunday in January last, saying she had swallowed a pin. She appeared to be in a good deal of pain, and much frightened. I passed my forefinger as far as possible into the pharynx, and could just reach what felt like the head of a common brass pin. I attempted to seize it with a dressing forceps, but could not succeed; but in the violent straining effort made by the girl, it became dislodged, and ceased for the time to be felt by her. I now supposed it might have passed into the stomach, and sent her home. On the following morning, however, she returned in a worse state than ever, with tears flowing from her eyes, and every appearance of suffering severely. Every time she attempted to swallow her spittle, she felt the pin prick her, referring the pain to the lower part of the œsophagus. I immediately passed two needlefuls of strong thread through the sponge of a probang, one at each side, so as to have four threads reaching from the sponge to the end of the whalebone. I then passed the sponge to the lower part of the œsophagus, and bringing it up with a slight jerking movement, was so fortunate as to land the pin on the girl's tongue, and so put an end to all her suffering. No ill-consequences followed.

Last month I was sent for to see a child, about two years old, whose breathing was said to be obstructed by some substance in the nose. The friends could give no account of any foreign body having been introduced. On examination, there appeared some purulent discharge from the right nostril, with obstruction of the breathing through it. A portion of some blackish-looking body could be just seen lodged deeply in it. A bent probe was passed in and hooked round it, but it refused to move. A dressing forceps was tried, but could not be introduced. A dissecting forceps, with the points rounded, was then used, and by its aid a good-sized metallic button, such as is found on children's boots, was extracted.

Your obedient servant,

May 28th, 1869. F. G.

Tony.—1. The waters of the two places named derive their efficacy from the calcareous or alkaline constituents which they contain. They are used for gout and rheumatism, nervous diseases, and dyspepsia.—2. Buxton is perhaps preferable.—3. We are unable to give information relative to the etiquette of "cockades."—4. The real rank in the corps is that merely of an assistant-surgeon. It is a pity to institute comparisons with combatant officers.

Dr. Alfred Sheen will find in another part of the journal an article upon the subject to which his letter refers.

A Constant Subscriber.—The winter session of the Berlin Schools of Medicine commences on October 15th, and terminates on March 15th.

Mr. Buttery should apply to the Poor-law Board.

MEDICAL APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—Under the above heading, THE LANCET of the 22nd ultimo contains the following announcement:—

"Dr. Griffith, of Taltreuddyn, Merionethshire, has been appointed by the Government of France, English Physician for the department of the Var, South of France."

Bradshaw's Continental Railway Guide, under the head of Hyères, has the ensuing advertisement:—

"Resident English Physician (since 1859), Dr. Griffith, by Imperial decree."

These advertisements, however obvious their character, constrain me to direct your attention to them, being the only Englishman practising at Hyères who holds a British degree which entitles him to practise as, and call himself, an "English Physician;" consequently such statements, if uncontradicted, are calculated to inflict serious injury upon me, by misleading the profession and the public.

Mr. Griffith has, I believe, obtained leave to practise, and only in the department of the Var, such permission conferring no position whatever, and certainly not making him an "English Physician." Gentlemen at Pau, Nice, Cannes, and other places, who like Mr. Griffith, have been permitted to practise, do not advertise, nor venture the statement that they have been "appointed" by the French Government "English Physicians" for their respective departments, or that they hold "Imperial decrees."

I need scarcely say with how much reluctance I have allowed myself to notice these advertisements; but simple justice compels me to ask you to demand an explanation of Mr. Griffith, that their accuracy or otherwise may be established.

Yours, &c.,

June 14th, 1869. P. CHAS. DUNCAN, M.D.

Enquirer.—The point has not as yet, we believe, been decided in a court of law. The fact of a name appearing in the Register is usually considered to be the only legal evidence of registration. In order that a candidate may be eligible for a Poor-law appointment, it is necessary that he has a surgical diploma, together with the L.S.A. or a degree in Medicine from an English University. The M.B. or M.D. Lond., however, qualify. A surgical degree possessed by anyone in practice as an apothecary on the 1st of August, 1815, or a warrant as surgeon or assistant-surgeon in the army or navy, suffices.

Dr. Wall, J.P., is thanked. The system cannot be too strongly condemned. We refer our correspondent to another portion of this day's impression.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I send you the enclosed simply to show that there are medical men to be found who will accept any fee from Insurance Offices, although they possess great wealth, and give large bonuses to their clients. They study economy at the expense of the profession. I was not aware before making my report that any Office gave less than a guinea, and in that belief had no hesitation in sending up my report, on the receipt of which the Secretary sent me a post-office order for 10*s. 6d.* I wrote to him, saying that no other Office with which I was acquainted paid less than £1 1*s.*; and had I known it was the practice of the West of England Fire and Life Office to give a less sum, I would have declined the matter altogether. This elicited the reply which I herewith forward to you. What is to be done under such circumstances?

I am, Sir, yours obediently,

Bishops Stortford, June, 1869. MICHAEL O'REILLY, M.D.

West of England Fire and Life Office,
20, New Bridge-street, E.C., June 1st, 1869.

DEAR SIR,—I am favoured with your letter, and regret that your decision will prevent our having the advantage of your valuable services on any future occasion. The success of every Company, the same as that of every individual, depends upon his keeping his expenses down. Upon this principle we act; and when a proposal is made for a sum less than £300, we feel that the premium will not bear a guinea fee. We have two medical examiners in London, and several elsewhere—men of the highest attainments,—and they are content in all such cases to accept the very inadequate *honorarium* of 10*s. 6d.* for their invaluable services.

Yours faithfully,

Dr. O'Reilly, Bishops Stortford. G. W. COOKE.

WHO is Dr. Harthill, of the University of Glasgow, that is performing such wonderful cures in that city, and, by a great act of favour, also in Aberdeen? He will visit "Aberdeen only." Owing to his increasing engagements in the south, it is impossible for him to continue to visit smaller towns in the north. "His apparatuses are quite different from the common small machines, as well as from the trashy electric belts, so often advertised by the London quacks." If Dr. Harthill is too modest to answer our inquiries, perhaps the University of Glasgow will take some notice of them. Another Glasgow medical graduate, Dr. Levenston, is boasting great things in small handbills about his skill in certain forms of disease, and makes a great point of being "registered under the Medical Act." Cannot the Scotch Branch of the Medical Council do something in regard to these cases?

M. B.—We cannot advise in the matter.

AN INSECTIFUGE.

To the Editor of THE LANCET.

SIR,—If your correspondent, "A Parish Doctor," would try the oil of petroleum, diluted with water in the proportion of 30 parts to 1000, he will find in it a powerful antidote against fleas and all kinds of insects injurious to animals or plants. It is a sovereign remedy against bugs, and it has been found most useful for the destruction of all kinds of vermin of houses and gardens. The impure oil is the best, and in the latter cases it should be used undiluted by introducing a few drops into the holes or cracks, or smearing it over the bedstead and furniture with a common painting-brush. See my letter on the subject, which appeared in THE LANCET of June 6th, 1868.

I am, Sir, your obedient servant,

ALEX. BOGGS, M.D.,

Paris, June 15th, 1869. Late of her Majesty's Indian Army.

Mater.—The "paper" alluded to by Dr. Farr would have been more correctly described as a report of the Obstetrical Society upon the treatment of children. The report will, no doubt, eventually appear in the "Transactions" of the Society; but whether it will be published in a separate form or not is, we believe, at present undetermined.

A. B.—At Reading.

THE *Athenæum* states that among the new sections and arrangements of Professor Huxley in his reorganisation of the Ethnological Society, is a section on Comparative Psychology, which is intended to collect facts on a branch of study chiefly consigned to hypothesis.

SICK CLUBS.

To the Editor of THE LANCET.

SIR,—Permit me to direct your attention to the following facts. I have been in practice in this town for more than four years, and during that time, amongst other appointments, have held two Clubs, termed respectively Edenham and Thurlby. Mr. Edlin, a medical practitioner, residing in the same town as myself, applied by letter for the former appointment at the annual meeting, May 17th; and for the latter he not only applied by letter, but also made a personal application on the morning of the annual meeting, May 26th, after my appointment had been confirmed at a quarterly meeting held prior to the annual meeting. I should be glad to know what might be the opinion of the medical profession of such conduct.

I am, Sir, yours truly,

Bourne, Lincolnshire, June 14th, 1869. J. BURDWOOD-WATSON.

H. N. H. — In returning scirrhus of the breast, the return should be "cancer (*a*) of breast." In returning epithelioma of the tongue, it should be "cancer (*c*) of the tongue." We do not see the precise nature of the difficulty experienced by our correspondent.

Spermatorrhœa (Barnsley) should consult a leading practitioner in his town. There is no cause for anxiety.

CONVEYANCE OF STRYCHNINE TO AN INFANT BY MEANS OF THE MOTHER'S MILK.

To the Editor of THE LANCET.

SIR,—The remarks made by Dr. Harley in a late number of THE LANCET on the poisonous action of strychnia being developed in the child by its administration to the mother (during the period of lactation), recalls to my mind the following case:—

A patient, an elderly lady, had fallen into a state of intense anæmia and great nervous depression, notwithstanding which state she persisted in suckling her child. A mixture of the phosphates of iron and quinine with strychnia was ordered in medicinal doses. She had taken about four doses when she complained to me of peculiar movements of the child's limbs and facial muscles. Inquiring closely into the case, I then observed for myself peculiar twitchings of the facial muscles and convulsive movements of the limbs, so characteristic of the action of strychnia as to leave no doubt on my mind that the action of this potent remedy was being developed in the child through the medium of the mother's milk. As in Dr. Harley's case, the symptoms were aggravated shortly after each dose was taken.

Had I been aware that this effect of strychnia was not generally known, I should have cited it before, and I naturally felt surprised on reading Dr. Letheby's deposition at the inquest held at Lynn.

I am, Sir, your obedient servant,

W. BEVAN LEWIS, L.R.C.P.I.

Bucks County Asylum, June 8th, 1869.

P.S.—I should also have stated that the symptoms rapidly disappeared on discontinuing the strychnia, and giving simply the iron and quinine.

THE following is extracted from the *Gazette*, No. 863, 23rd to 26th February, 1673:—

"Tobacco, prepared for prevention and cure of most diseases, working by urine and spitting, being pleasant and safe, approved to purify the blood and fortify the vitals; curing colds, catarhs, pains in the limbs, gout, dropsy, scurvy, &c.; being two sorts, one at two shillings per ounce, the other at one shilling. To be had, with printed directions of its further use, by J. Archer, one of his Majesty's physicians, at his house in Winchester-street, at the signe of the Golden Ball, near Broad-street, and not elsewhere, sealed up to prevent counterfeits."

REMOVAL OF THE ODOUR OF CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me what will remove the smell of carbolic acid from a room where it has been used in a case of fever?

Yours, &c.,

Liverpool, June 12th, 1869. WILLIAM ROBERTS.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme, Edinburgh; Dr. Brown-Séquard, Paris; Dr. Henry Bennet; Dr. Hassall, Ventnor; Dr. Lyon Playfair, M.P.; Mr. Brodhurst; Mr. T. Spencer Wells; Dr. Blanc; Dr. Fuller; Dr. Rogers; Dr. C. Elam; Dr. Richardson, Edinburgh; Mr. Leggatt, Eastry; Mr. Cornfield; Dr. E. Ellis; Mr. Whalley; Mr. Baynes, Egbaston; Mr. Stevenson, Braintree; Mr. Cameron, Perth; Dr. Etches, Helperley; Mr. Garrard, Kington; Mr. Haynes; Mr. Valsey; Mr. Kames, Kingsbridge; Dr. Crane, Hallaton; Mr. Phillips; Mr. Dudley; Dr. Robinson, Chesterfield; Mr. Whitford, Walton-on-the-Naze; Dr. Boggs, Paris; Mr. Dunn; Mr. Purnell, Ingatestone; Mr. Powell; Mr. J. Black; Dr. Webb, Wirksworth; Mr. Barratt; Mr. Johnson, Haverford; Mr. Ross; Mr. Thomas, Ormskirk; Dr. Heycock, Wednesbury; Mr. Howes, Lynn; Dr. Barber; Mr. Carey; Mr. Duncan, Hartlepool; Mr. Coulton, Uppingham; Mr. Irving; Mr. Davies; Dr. Chalmers, Scarborough; Dr. Husband, Clifton; Dr. Ellery, Axminster; Dr. Gervis; Mr. Wilks; Dr. Bell, Edinburgh; Mr. J. B. Watson, Bourne; Dr. Harrison, Ambleside; Dr. Sheen, Cardiff; Mr. Brown, Dorchester; Mr. Gwynne, Oldham; Mr. Harding; Messrs. Ewens and Co.; Dr. Lewis Oppenheim; Mr. C. J. Fox; Dr. Rose, Kidderminster; Dr. Roberts, Liverpool; Dr. Lowins; Dr. A. W. Moore; Dr. D. Smith, Glasgow; Mr. Minter; Mr. Lane; Mr. R. Ryder, Dalston; Mr. S. O'Connell; Dr. Wall, Cork; Mr. Tallack; Dr. Evans; Mr. Gurney, Aylesbury; Mr. Watherston; Mr. Douglas; Mr. Maxwell; Mr. O'Reilly; Dr. Lister, Ashton; Mr. Horne, Wantage; Dr. Smaith, Boston; Dr. Munro, Radstock; Dr. Kirkman, Maidstone; Mr. Howard; Dr. Lewis, Aylesbury; Dr. Savage, Nenthead; Messrs. Letts and Co.; Dr. Byrne; Mr. France; Mr. Hoare; Mr. Symes, Alfreton; Mr. Davis; Mr. Howell, Birkenhead; Dr. Fussell, Brighton; Mr. F. Smith; Mr. Wells, Cambridge; Dr. Bacon, Fulbourn; Mr. Hepton, Truro; Mr. B. South; Mr. Green; Mr. Laughton; Mr. Corry; Mr. Drury, Sunderland; Mr. Holmes, Sandbach; Mr. J. Baird, Coleraine, Victoria; Mr. Yardley; Mr. Kavanagh; Mr. R. Wilks, Brecon; Mr. Maclean; Mr. Holman; Mr. Perry; Mr. Gibson, Chesterfield; A. B.; The President of the Royal Institute of British Architects; Tony; C. D.; F. R. S.; A. C.; An Incredule; Viator; M.D., Dover; Alpha, Galashiels; Chirurgus; L.S.A., Stanmore; J. L.; M.D., Birmingham; Quæsitor; A. S.; M.R.C.S. and L.S.A.; A Sufferer; L.R.C.P. Edin.; A Country Practitioner; H. N. H.; One who does not Advertise; Lignum; X. Y. Z.; A. W.; P. Y.; Enquirer; F.; &c. &c.

Brighton Guardian, New York Medical Gazette, Newcastle Daily Journal, La Santé Publique, Birmingham Gazette, Brighton Herald, Scarborough Gazette, Merthyr Telegraph, Brighton Observer, Lincolnshire Chronicle, Bucks Herald, and *Brighton Gazette* have been received.